## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 570204**

Entity Name: RAHAL SUMMER, INC.

FILED Feb 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4204 LAFAYETTE STR 4204 LAFAYETTE ST.

MARIANNA, FL 324460700 US MARIANNA, FL 324460700 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 700

MARIANNA, FL 32447 US

FEI Number: 62-0937240 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAHAL, QUEN RAHAL, ANN

4204 LÁFAYETTE STREET 4204 LAFAYETTE STREET MARIANNA, FL 32446 MARIANNA, FL 32446

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANN RAHAL 02/02/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

RAHAL, QUEN, Name: Name: RAHAL, ANN

4204 WEST LAFAYETTE STREET 4204 WEST LAFAYETTE STREET Address: Address: MARIANNA FL

MARIANNA, FL City-St-Zip: City-St-Zip:

Title: Title: MR. (X) Change ( ) Addition () Delete GARCIA, JORGE Name: RAHAL, ANN Name:

4204 WEST LAFAYETTE ST 2678 CHOCTAW TRAIL Address: Address: MARIANNA, FL MARIANNA, FL 32446 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete MR

GARCIA, JORGE MILLER, RICKY D Name: Name: 2678 CHOCTAW TRAIL 4532 RED OAK TRACE Address: Address: City-St-Zip: MARIANNA, FL City-St-Zip: MARIANNA, FL 32446 US

Title: (X) Delete Title: () Change () Addition

MILLER, RICKY D Name: Address: 4532 RED OAK TRACE Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN RAHAL **PRES** 02/02/2009