2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842462

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: SUMMERS, ELAINE H

SUMMERS, ÈLAINE H

ROSWELL, GA 30076

ROSWELL, GA

PRES

9875 TERRACE LAKE POINTE

9885 TERRACE LAKE POINTE

() Delete

FILED Feb 27, 2006 Secretary of State

Entity Nan	ne: SUMM	ERS R	OOFING COMPANY, INC	О.				
Current Principal Place of Business:					New Principal Place of Business:			
135 MAULI ALPHARE	DIN DRIVE TTA, GA 30	004	US					
Current Mailing Address:					New Mailing Address:			
135 MAULI ALPHARE	DIN DRIVE TTA, GA 30	004	US					
FEI Number:	58-1267930	FE	El Number Applied For()	FEI Nur	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
	IEG PANERO A' , FL 32804							
The above in the State		ty subn	nits this statement for the	purpose c	of changing it	s registere	d office or registered agent, or bo	oth,
SIGNATUR	RE:							
	Electr	onic Si	ignature of Registered Ag	jent			Date	
Election Can	npaign Financ	ing Tru	st Fund Contribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PTD SUMMERS, 9875 TERRA ROSWELL,	CE LAK	Ι,		Title: Name: Address: City-St-Zip:	COB SUMMERS, 9875 TERR ROSWELL,	ACE LAKE POINTE	
Title: Name: Address: City-St-Zip:	VP BICK, KELLI 2140 BARRE CUMMING, C	ETT DRI			Title: Name: Address: City-St-Zip:	SEC BICK, KELL 2140 BARR CUMMING,	ETT DRIVE	
Title [.]	S	() Dele	ete.		Title [.]	VP	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

BICK, BRIAN T

2140 BARRETT DRIVE

CUMMING, GA 30040

() Change () Addition

SIGNATURE: ELAINE H. SUMMERS **PRES** 02/27/2006