

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006034

FILED
Apr 05, 2007
Secretary of State

Entity Name: SUMMER INSURANCE GROUP, INC.

Current Principal Place of Business:

7575 TYLER BLV.
MENTOR, OH 44060

New Principal Place of Business:

2950 HALCYON LN
SUITE 301
JACKSONVILLE, FL 32223

Current Mailing Address:

P.O. BOX 448
MENTOR, OH 44060

New Mailing Address:

P.O. BOX 600608
JACKSONVILLE, FL 32260

FEI Number: 42-1657408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLLICK, ELENA
816 PINE SHADOW DR.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

OLLICK, ELENA
425 SUMMERSET DR
JACKSONVILLE, FL 32259 US

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:

04/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: OLLICK, ELENA
Address: 7575 TYLER BLV
City-St-Zip: MENTOR, OH 44060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLLICK, ELENA
Address: 425 SUMMERSET DR
City-St-Zip: JACKSONVILLE, FL 32259

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.

SIGNATURE: ELENA OLLICK

P

04/05/2007

Electronic Signature of Signing Officer or Director

Date