


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90039 038 \*\*\*150.00

DOCUMENT # F93000001540					
1. Entity Name <b>SUMMER HILL, INC.</b>					
Principal Place of Business P.O. BOX 625737 CINCINNATI, OH 45262-5737			Mailing Address P.O. BOX 625737 CINCINNATI, OH 45262-5737		
2. Principal Place of Business - No P.O. Box # <b>6847 Cintas Boulevard</b>		3. Mailing Address <b>6847 Cintas Boulevard</b>			
Suite, Apt. #, etc. <b>Suite 120</b>		Suite, Apt. #, etc. <b>Suite 120</b>			
City & State <b>Mason, OH</b>		City & State <b>Mason, OH</b>			
Zip <b>45040</b>	Country <b>USA</b>	Zip <b>45040</b>	Country <b>USA</b>	4. FEI Number <b>31-1185783</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND DRIVE PLANTATION, FL 33324			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROEDING, RICHARD L JR. 6800 CINTAS BLVD. MASON, OH	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Roeding, Richard L Jr. 6847 Cintas Blvd., Suite 120 Mason, OH 45040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO FARMER, JOYCE E 6800 CINTAS BLVD. MASON, OH	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO Farmer, Joyce E 6847 Cintas Blvd., Suite 120 Mason, OH 45040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COLETTI, ROBERT E 6800 CINTAS BLVD. MASON, OH	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Coletti, Robert E 6847 Cintas Blvd., Suite 120 Mason, OH 45040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESTENFELDER, REGINA L 6800 CINTAS BLVD. MASON, OH	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Estenfelder, Regina L 6847 Cintas Blvd., Suite 120 Mason, OH 45040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Robert L Roeding</i></u> <span style="float: right;">4/30/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					