


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # H79813
 1. Entity Name
 WILLIAMS, SMITH & SUMMERS, P.A.



Principal Place of Business Mailing Address
 380 W ALFRED ST 380 W ALFRED ST
 TAVARES, FL 32778 TAVARES, FL 32778

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2602538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SUMMERS, GARY L.
 380 W. ALFRED ST
 TAVARES, FL 32778

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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) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000874328
 04/10/08-80114-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	WILLIAMS, ROBERT Q.
STREET ADDRESS	5233 BANANA POINT DRIVE
CITY-ST-ZIP	OKAHUMPKA, FL
TITLE	DP
NAME	SMITH, CHRISTOPHER J.
STREET ADDRESS	34034 PARK LANE
CITY-ST-ZIP	LEESBURG, FL
TITLE	DS
NAME	SUMMERS, GARY L.
STREET ADDRESS	34028 PARK LANE
CITY-ST-ZIP	LEESBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gary L. Summers Gary L. Summers 3/21/08 352-343-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #