

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90060 047 \*\*\*150.00

**DOCUMENT # J42677**

1. Entity Name

**SUMMIT MANUFACTURING CORPORATION**



Principal Place of Business  
10586 E 59 STR  
INDIANAPOLIS IN 46236  
US

Mailing Address  
10586 E 59 STR  
INDIANAPOLIS IN 46236  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2756330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, LINDA S  
22816 CYPRESS TRAIL DRIVE  
LUTZ FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)

5970 Tower Rd.

City LAND O LAKES

FL

Zip Code

34638

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reactivating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State.**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Delete  
NAME JOHNSON, BURCH  
STREET ADDRESS #2 MASTERS PLACE COVE  
CITY-ST-ZIP MAUMELLE AR 72113

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 38 Fairway Woods Circle  
CITY-ST-ZIP Maumelle, AR 72113

TITLE CPD ☐ Delete  
NAME WRIGHT, WELDON T. JR.  
STREET ADDRESS 22816 CYPRESS TRAIL DRIVE  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5970 Tower Rd.  
CITY-ST-ZIP Land o Lakes, FL 34638

TITLE ☒ Delete  
NAME WRIGHT, LINDA, S  
STREET ADDRESS 22816 CYPRESS TRAIL  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5970 Tower Rd  
CITY-ST-ZIP Land o Lakes, FL 34638

TITLE VPD ☐ Delete  
NAME HILL, BENJAMIN  
STREET ADDRESS 5215 KEENE RD  
CITY-ST-ZIP LEXINGTON KY 40513

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5212 Keene South Elkhorn Rd.  
CITY-ST-ZIP Lexington, KY 40513

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Clifford Burch Johnson*

2/6/06

317-823-2848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #