## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

3. Mailing Address

City & State

Ζiρ

Suite, Apt. #, etc.

10586 E 59 STR INDIANAPOLIS IN 46236

## DOCUMENT # J42677

1. Entity Name

Principal Place of Business

2. Principal Place of Business - No P.O. Box #

the obligations of registered agent.

10586 E 59 STR INDIANAPOLIS IN 46236

Suite, Apt, #. etc.

City & State

Zıp

SIGNATURE.

SIGNATURE:

## SUMMIT MANUFACTURING CORPORATION

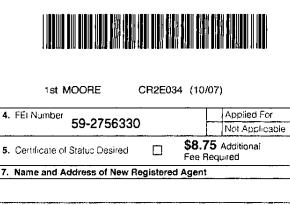
Country

Signature, typed or printed panio of registered agent and the Tappi cable.



FILED
Jan 29, 2008 08:00 A
Secretary of State

Secretai



DATE

317-823-2848

6. Name and Address of Current Registered Agent

WRIGHT, LINDA S
5970 TOWER RD
LAND O LAKES FL 34638

City

7. Name and Address of New Registered Agent

Name

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

Zip Code

fNOTE. Registered Agent signs turn requires when reliestatings

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poin, in the State of Florida. I am familiar with, and accept

Country

After May 1, 2008 Fee Will Be \$50.00  Make Check Payable to Florida Department of State				9. Election Campaign Financi Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADORESS CITY-ST-ZIP	VPD JOHNSON, BURCH 38 FAIRWAY WOODS CIR MAUMELLE AR 72113	☐ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS DITY-ST-71P	CPD WRIGHT, WELDON T. JR. 5970 TOWER RD LAND O LAKES FL 34638	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000804382 02/05/08-80065-07	□ Change 25 150.(	☐ Addilion
TITLE Vame Street address <sup>*</sup> City-st-zip	STD WRIGHT, LINDA, S 5970 TOWER RD LAND O LAKES FL 34638	□ Derete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
HTLE NAME STREET ADORESS CHY-ST-ZIP	VPD HILL, BENJAMIN 5212 KEENE SOUTH ELKHORN RD LEXINGTON KY 40513	□ Derele	NITLE NAME STREET ADDRESS CITY-ST-ZEP		Change	Addition
OTLE NAME STREET ADDRESS CITY-SI-ZIP		□ Devete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change	Addition
TITLE NAME ETREET ADDRESS CITY-ST-ZIP		□ De-ele	TITLE NAME STREET ADDRESS CITY: ST- ZIP		Change	Addition

12. I hereby certify that the information supplied with this filling 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 13 or Block 11 if changed, or on an attachment with an address, with all other like empowered.