

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42677

FILED
Jan 30, 2009
Secretary of State

Entity Name: SUMMIT MANUFACTURING CORPORATION

Current Principal Place of Business:

10586 E 59 STR
INDIANAPOLIS, IN 46236 US

New Principal Place of Business:

10586 E 59 STREET
INDIANAPOLIS, IN 46236 US

Current Mailing Address:

10586 E 59 STR
INDIANAPOLIS, IN 46236 US

New Mailing Address:

10586 E 59 STREET
INDIANAPOLIS, IN 46236 US

FEI Number: 59-2756330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: JOHNSON, BURCH,
Address: 38 FAIRWAY WOODS CIR
City-St-Zip: MAUMELLE, AR 72113

Title: CPD () Delete
Name: WRIGHT, WELDON T. JR.,
Address: 5970 TOWER RD
City-St-Zip: LAND O LAKES, FL 34638

Title: STD () Delete
Name: WRIGHT, LINDA, S,
Address: 5970 TOWER RD
City-St-Zip: LAND O LAKES, FL 34638

Title: VPD () Delete
Name: HILL, BENJAMIN,
Address: 5212 KEENE SOUTH ELKHORN RD
City-St-Zip: LEXINGTON, KY 40513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: C BURCH JOHNSON

VPD

01/30/2009

Electronic Signature of Signing Officer or Director

Date