<u>_20</u>07 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L57111

1. Entity Name SUMMER TIME LODGE, INC.



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business 909 WYMORE ROAD WINTER PARK, FL 32789 Mailing Address 909 WYMORE ROAD WINTER PARK, FL 32789



DO NOT WRITE IN THIS SPACE

04242007 No Chg-P	CR2E034 (11/05)		
4. FEI Number		Applied For	
59-2993739		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

YAP, HARLEY UY 909 WYMORE ROAD WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						
10.	OFFICERS AND DIREC	TORS		**************************************		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAP, HARLEY UY 909 WYMORE ROAD WINTER PARK, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYES-YAP, ESTRELLA 909 WYMORE ROAD WINTER PARK, FL 32789				000000746600 05/16/07-80074-021 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REYES, SHERYL S 909 WYMORE ROAD WINTER PARK, FL 32789			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE . 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 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.

STICELLO RE JES - YAR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-07

402 641-1112

Dete Daytime Phone #