


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000080830 1. Entity Name SUMMIT INSURANCE STORE OF MILTON, INC.	
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Principal Place of Business 6109 HWY 90 MILTON, FL 32570	Mailing Address 6109 HWY 90 MILTON, FL 32570
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**DO NOT WRITE IN THIS SPACE**



05152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3658908	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  LEPRE, DANA 6107 HWY 90 MILTON, FL 32570
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

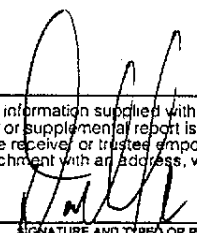
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEPRE, DANA 6109 HWY 90 MILTON, FL 32570
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U000000565105  
05/20/06-80113-002 550.00

**DO NOT WRITE  
IN THIS SPACE**

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: 	5-16-06	850-981-1552
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

DANA LEPRE