

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080830

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** SUMMIT INSURANCE STORE OF MILTON, INC.

**Current Principal Place of Business:**

6109 HWY 90  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

6109 HWY 90  
MILTON, FL 32570

**New Mailing Address:**

**FEI Number:** 59-3658908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEPRE, DANA  
6107 HWY 90  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

LEPRE, DANA A  
6109 HWY 90  
MILTON, FL 32570 US

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: DANA LEPRE

01/04/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEPRE, DANA  
Address: 6109 HWY 90  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: LEPRE, DANA A  
Address: 6109 HWY 90  
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the 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: DANA LEPRE

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date