

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91253 002 ***150.00

DOCUMENT # P00000111686

1. Entity Name
ROBERT W. SOMMERS, INC.



Principal Place of Business
977 FUNDY ROAD
VENICE, FL 34293

Mailing Address
977 FUNDY ROAD
VENICE, FL 34293

94083649



2. Principal Place of Business
98 Langley Dr.

3. Mailing Address
Same

04302004 Chg-P CR2E034 (10/03)

City & State
Pt Charlotte FL
Zip 33954 Country U.S.

City & State
City & State
Zip Country

4. FEI Number
65-1002235
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOMMERS, ROBERT W
977 FUNDY ROAD
VENICE, FL 34293

7. Name and Address of New Registered Agent
Name Robert W. Sommers
Street Address (P.O. Box Number is Not Acceptable)
98 Langley Dr.
City Pt Charlotte FL Zip Code 33954

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 Robert W. Sommers 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SOMMERS, ROBERT W	
STREET ADDRESS	977 FUNDY ROAD	
CITY- ST- ZIP	VENICE, FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOMMERS, TERRI W	
STREET ADDRESS	977 FUNDY ROAD	
CITY- ST- ZIP	VENICE, FL 34293	
TITLE	O	<input type="checkbox"/> Delete
NAME	Sommers, Kristyn D.	
STREET ADDRESS	98 Langley Dr.	
CITY- ST- ZIP	Pt Charlotte, FL 33954	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sommers, Robert W	
STREET ADDRESS	98 Langley Dr.	
CITY- ST- ZIP	Pt. Charlotte FL 33954	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sommers Terri W.	
STREET ADDRESS	98 Langley Dr.	
CITY- ST- ZIP	Pt Charlotte FL 33954	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 4/30/04 9413715086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone