


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000111686</b> 1. Entity Name <b>ROBERT W. SOMMERS, INC.</b>	
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Principal Place of Business <b>131 LONGLEY DR PORT CHARLOTTE, FL 33954 US</b>	Mailing Address <b>131 LONGLEY DRIVE PORT CHARLOTTE, FL 33954 US</b>
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**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1002235</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SOMMERS, ROBERT W 131 LONGLEY DR PORT CHARLOTTE, FL 33954</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOMMERS, ROBERT W 131 LONGLEY DR PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOMMERS, TERRI W 131 LONGLEY DR PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOMMERS, KRISTYN D 131 LONGLEY DR PORT CHARLOTTE, FL 33954
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07/11/07-80002-007 150.00

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:**  **ROBERT W. SOMMERS** **7-06-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #