

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000020001

1. Entity Name  
SUMMER CHASE, INC.



Principal Place of Business  
2811 E INDUSTRIAL PLAZA DR  
TALLAHASSEE, FL 32301 US

Mailing Address  
2811 E INDUSTRIAL PLAZA DR  
TALLAHASSEE, FL 32301 US

FILED  
08 APR -4 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3704544	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**

WIENER, BRUCE I  
GARDNER, SHELFER, DUGGAR, BIST & WIENER PA  
1300 THOMASWOOD DR  
TALLAHASSEE, FL 32312

**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 title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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
NAME	GHAZVINI, BEHZAD
STREET ADDRESS	2811 E INDUSTRIAL PLAZA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	ASBURY, THOMAS
STREET ADDRESS	3424 DORCHESTER CT
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	NELSON, TERRY
STREET ADDRESS	1437 VIEUX CARRE DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	GHAZVINI, HOSSEIN
STREET ADDRESS	2811 E INDUSTRIAL PLAZA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	GHAZVINI, MEHRAN
STREET ADDRESS	2811 E INDUSTRIAL PLAZA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700122271567  
04/04/08--01032--001 \*\*150.00

**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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/08 850-205-5231