## 2005 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P01000065418**

1. Entity Name
M. SUMMER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 619 N DIXIE HWY | 619 N DIXIE HWY |
| LAKE WORTH, FL 33460 | LAKE WORTH, FL 33460 |

**DO NOT WRITE IN THIS SPACE**

40050363

03232005     No Chg-P     CR2E034 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 65-1118720 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

SUMMER, LYNDA
619 N DIXIE HWY
LAKE WORTH, FL 33460

**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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 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 | SUMMER, LYNDA |
| STREET ADDRESS | 619 N DIXIE HWY |
| CITY-ST-ZIP | LAKE WORTH, FL 33460 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #