

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027758

FILED
Feb 21, 2005
Secretary of State

Entity Name: SUMMERFIELD REALTY CORPORATION

Current Principal Place of Business:

7245 FOREST OAKS BOULEVARD
SPRING HILL, FL 34606

New Principal Place of Business:

4287 AZORA ROAD
SPRING HILL, FL 34608

Current Mailing Address:

PO BOX 5504
SPRING HILL, FL 346115504

New Mailing Address:

PO BOX 5504
SPRING HILL, FL 346115504 US

FEI Number: 22-3850312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARADISE, BERNICE
7245 FOREST OAKS BOULEVARD
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

PARADISE, BERNICE J
4287 AZORA ROAD
SPRING HILL, FL 34608 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: BERNICE J. PARADISE

02/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: PARADISE, BERNICE J
Address: 4287 AZORA ROAD
City-St-Zip: SPRING HILL, FL 34608

Title: V () Delete
Name: PARADISE, MAURICE J
Address: 4287 AZORA ROAD
City-St-Zip: SPRING HILL, FL 34608

Title: D (X) Delete
Name: PARADISE, JEFFERY S
Address: 36 JEFFERSON STREET
City-St-Zip: LACONIA, NH 03246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BERNICE J. PARADISE

P/T

02/21/2005

Electronic Signature of Signing Officer or Director

Date