

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000000561

1. Entity Name
SOUTH SUMTER INVESTMENTS, INC.



Principal Place of Business
**116 NORTH MAIN STREET
BUSHNELL, FL 33513**

Mailing Address
**116 NORTH MAIN STREET
BUSHNELL, FL 33513**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3730429** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**FELDMAN, H. JOHN
215 NORTH JOANNA AVENUE
TAVARES, FL 32778-3200**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HAMILTON, RONNIE K
123 E. HAMILTON
BUSHNELL, FL 33513**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
SHOVER, JOHN L M.D.
8615 MAIDSTONE COURT
LARGO, FL 346471314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
LEVERITT, KAREN
116 N. MAIN STREET
BUSHNELL, FL 33513**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen D Leveritt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06 *727-323-84*
Date Daytime Phone