

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90371 046 ***150.00

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1. Entity Name
SUMMER PROPERTY SALES INC



Principal Place of Business
**522 N LAKESIDE DR
LAKE WORTH, FL 33460**

Mailing Address
**522 N LAKESIDE DR
LAKE WORTH, FL 33460**

60030660



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number
83-0357446

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RING, ERIK
522 N LAKESIDE DR
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 reconstituting)

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	P
NAME	RING, ERIK
STREET ADDRESS	2402 NW 2ND AVENUE 522 N. LAKESIDE DR.
CITY - ST - ZIP	DELRAY BEACH, FL 33444 LAKE WORTH, FL 33460

TITLE	VP
NAME	RING, ERIK
STREET ADDRESS	2402 NW 2ND AVENUE 522 N. LAKESIDE DR.
CITY - ST - ZIP	DELRAY BEACH, FL 33444 LAKE WORTH, FL 33460

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
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TITLE	
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 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

ERIK M. RING

Date

Daytime Phone #