

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135089

Entity Name: SUMMERFORD INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

18330 SPENCER ROAD
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 433
ODESSA, FL 33556

New Mailing Address:

FEI Number: 11-3708288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRY SUMMERFORD
P O BOX 1002
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTM () Delete
Name: SUMMERFORD, LARRY
Address: 18330 SPENCER ROAD
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: SUMMERFORD, BOBBY
Address: 18330 SPENCER ROAD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: SUMMERFORD, ELOISE
Address: 18330 SPENCER ROAD
City-St-Zip: ODESSA, FL 33556

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: ELOISE SUMMERFORD

S

04/30/2005

Electronic Signature of Signing Officer or Director

Date