

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028865

FILED
Feb 10, 2009
Secretary of State

Entity Name: SUMMERWINDS SALES CORPORATION

Current Principal Place of Business:

6323 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

6323 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 20-0752404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407 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: D () Delete
Name: POST, DAN
Address: 6323 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: POWELL, TERESA
Address: 6323 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D (X) Delete
Name: TRUSSELL, GEORGE
Address: 6323 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: WADE, GEORGE
Address: 6323 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: PD () Delete
Name: STRICKLAND, LISA
Address: 716 OHIO AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Delete
Name: ROLLINS, GERALD
Address: 6323 THOMAS DRIVE
City-St-Zip: PANAMA CITY, FL 32408

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:

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

Title: P (X) Change () Addition
Name: STRICKLAND, LISA
Address: 716 OHIO AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LISA STRICKLAND

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date