


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90848 016 ***150.00

DOCUMENT # P04000168629	
1. Entity Name PARKWOOD SUMTER PROPERTIES, INC.	

Principal Place of Business 10277 W SAMPLE RD CORAL SPRINGS, FL 33065	Mailing Address 10277 W SAMPLE RD CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box # 10251-A W sample Rd	3. Mailing Address 10251-A W sample Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State coral spring FL	City & State coral spring FL
Zip 33065	Zip 33065
Country	Country

40093585



02192007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2014370	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ROSENBERG, ARTHUR R 4875 N FEDERAL HWY 7TH FLOOR FT LAUDERDALE, FL 33308	

7. Name and Address of New Registered Agent	
Name Peter Trematerra	
Street Address (P.O. Box Number is Not Acceptable) 10251-A West Sample RD	
City coral spring	FL Zip Code 33065

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 Peter Trematerra	DATE 5/1/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TREMATERA, PETER 10277 W SAMPLE RD CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Peter Trematerra	Date 2/20/07 Daytime Phone # 954152-5555