


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90105 031 \*\*\*158.75

<b>DOCUMENT # P05000006442</b> 1. Entity Name <b>SUMMERLAND REALTY, INC.</b>					
Principal Place of Business <b>910 NW 1ST STREET HIGH SPRINGS, FL 32643</b>			Mailing Address <b>PO BOX 311 HIGH SPRINGS, FL 32655</b>		
2. Principal Place of Business - No P.O. Box # <b>692 PRIME HILL DR.</b>		3. Mailing Address <b>692 PRIME HILL DR.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>CLAYTON, GA</b>		City & State <b>CLAYTON, GA</b>		4. FEI Number <b>84-1666943</b>	
Zip <b>30525</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>30525</b>		Country <b>U.S.A.</b>		6. Name and Address of Current Registered Agent <b>SCHIMP, PARK E 910 NW 1ST STREET HIGH SPRINGS, FL 32643</b>	
7. Name and Address of New Registered Agent Name <b>MARY B. ALKIRE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4520 WOODLANDS VILLAGE DR.</b> City <b>ORLANDO</b> FL Zip Code <b>32835</b>		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 <b>MARY B. ALKIRE</b> <i>Mary B. Alkire</i> DATE <b>3/9/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SCHIMP, PARK E</b> <input type="checkbox"/> Delete <b>910 NW 1ST STREET</b> <b>HIGH SPRINGS, FL 32643</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SCHIMP, NANCY B</b> <input type="checkbox"/> Delete <b>910 NW 1ST STREET</b> <b>HIGH SPRINGS, FL 32643</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PARK E SCHIMP</b> <b>692 PRIME HILL DR.</b> <b>CLAYTON GA 30525</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NANCY B SCHIMP</b> <b>692 PRIME HILL DR.</b> <b>CLAYTON GA 30525</b>				
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"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <b>PARK E. SCHIMP</b> <i>Park E Schimp</i> DATE <b>3/9/07</b> 706-782-7194 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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