


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90012 018 ***150.00

DOCUMENT # P05000015268	
1. Entity Name WILLIAM SUMNER, INC.	

Principal Place of Business 85264 ROSE MARIE RD. YULEE FL 32097	Mailing Address 85264 ROSE MARIE RD. YULEE FL 32097
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2. Principal Place of Business - No P.O. Box # Rose Marie Rd.	3. Mailing Address Rose Marie Rd.
Suite, Apt. #, etc. 85264	Suite, Apt. #, etc. 85264
City & State Yulee, Fla	City & State Yulee Fla
Zip 32097	Zip 32097
Country USA	Country USA

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent HUPPMANN, JEAN M 910 S. 8TH STREET SUITE 100A FERNANDINA BEACH FL 32034	
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4. FEI Number 20-2239200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name ROGGIE PIERCE P.A.	
Street Address (P.O. Box Number is Not Acceptable) P.O. Box 2202 State Rd. A1A.	
City Yulee, Fla	FL Zip Code 32097

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 William Sumner	DATE 3-22-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	<input type="checkbox"/> Delete P SUMNER, WILLIAM 85264 ROSE MARIE RD. YULEE FL 32097	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William Sumner	DATE 3-22-07	TELEPHONE 904-548-0408
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