


**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**



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**

Country  
**USA**

Zip  
**32097**

Country  
**USA**

1st MOORE CR2E034 (10/06)

4. FEI Number **20-2239200**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUPPMANN, JEAN M  
 910 S. 8TH STREET  
 SUITE 100A  
 FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name **ROGGIE PIERCE P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**PO 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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	SUMNER, WILLIAM	85264 ROSE MARIE RD.	YULEE FL 32097	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **904-548-0488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR