## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # P05000073583 GREGORY SUMMERLIN STEEL FABRICATION, INC. 2007 SEP 18 AH L: LA SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3190 LAKE SUZANNE DR 3190 LAKE SUZANNE DR CANTONMENT, FL 32533 CANTONMENT, FL 32533 CR2E034 (11/05) 09132007 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2908184 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUMMERLIN, GREGORY DO NOT WRITE 3190 LAKE SUZANNE DR CANTONMENT, FL 32533 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 860109570508 9. Election Campaign Financing \$5.00 Mey Be 19 /07 -- 01924 -- 019 FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. PT TITLE NAME SUMMERLIN GREGORY 3190 LAKE SUZANNE DRIVE STREET ADDRESS CITY-ST-ZIP CANTONMENT, FL 32533 VPS TITLE SUMMERLIN, ANGELA NAME 3190 LAKE SUZANNE DRIVE STREET ADDRESS CANTONMENT, FL 32533 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 an other like empowered.

SIGNATURE: MALLON SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

9/13/0/ 8/ Date Daylin

850-393-742

allew