2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000089870

FILED Jul 09, 2007 Secretary of State

Entity Name: SUMMERFIELD REAL ESTATE SERVICES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
13600 SE SUMMER	HWY 441 FIELD, FL 3449	o1 US			
Current Mailing Address:		New Mailing Addre	New Mailing Address:		
P.O.BOX (LADY LAK	643 (E, FL 32158	US			
FEI Number	: 20-5162076	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
BOX 643,	ANTHONY J [353 S HWY 27: E, FL 32158	-441] US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
OFFICER	Electroni S AND DIRECT				
Title: Name: Address:	S AND DIRECT	CORS: Delete RRY M 441			
Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECT PRES () LAPLANTE, GEF 13600 SE HWY SUMMERFIELD,	CORS: Delete RRY M 441 FL 34491 US Delete ONY J HWY 27/441]	ADDITIONS/CHANC Title: Name: Address:	SES TO OFFICERS AND DIRECTORS	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PRES () LAPLANTE, GEF 13600 SE HWY SUMMERFIELD, SEC () POWELL, ANTH BOX 643 [353 S LADY LAKE, FL	Delete RRY M 441 FL 34491 US Delete ONY J HWY 27/441] 32158 US Delete NA S	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS: () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PRES () LAPLANTE, GEF 13600 SE HWY SUMMERFIELD, SEC () POWELL, ANTH BOX 643 [353 S LADY LAKE, FL VP () LAPLANTE, DIAI 13600 S HWY 4 SUMMERFIELD,	Delete RRY M 441 FL 34491 US Delete ONY J HWY 27/441] 32158 US Delete NA S 41 FL 34491 US Delete ONY J HWY 27/441] HWY 27/441]	ADDITIONS/CHANC Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY J POWELL TREA 07/09/2007