


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90058 003 \*\*\*158.75

<b>DOCUMENT # P06000111895</b> 1. Entity Name <b>LOVETT-SUMMEY PROPERTIES, INC.</b>					
Principal Place of Business <b>15127 MAIN STREET NORTH JACKSONVILLE, FL 32218-1749</b>			Mailing Address <b>15127 MAIN STREET NORTH JACKSONVILLE, FL 32218-1749</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>Applied for</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SUMMEY, SELMA C 15127 MAIN STREET NORTH JACKSONVILLE, FL 32218-1749</b>				7. Name and Address of New Registered Agent Name <b>Selma C. Summey Lovett</b> Street Address (P.O. Box Number is Not Acceptable) <b>15127 N. Main Street</b> City <b>Jacksonville</b> FL Zip Code <b>32218-1249</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 <u><i>Selma C. Summey Lovett</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when resigning)</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 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOVETT, EARL T 15127 MAIN STREET NORTH JACKSONVILLE, FL 322181749	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President/Treasurer EARL T. Lovett 15127 N. Main St. Jax FL 32218-1749	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SUMMEY, SELMA C 15127 MAIN STREET NORTH JACKSONVILLE, FL 322181749	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VP/IS Selma C. Summey Lovett 15127 N. Main St Jax FL 32218-1749	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUMMEY, SELMA C 15127 MAIN STREET NORTH JACKSONVILLE, FL 322181749	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOVETT, RAYMOND E PR MGR 15127 MAIN STREET NORTH JACKSONVILLE, FL 322181749	<input type="checkbox"/> Delete	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"/> Delete	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"/> 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 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: <u><i>Selma C. Summey - Lovett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/28/2007</u> (904) Daytime Phone # <u>751-1576</u>		

**ATTACHMENT**  
**40098724**

Form <b>SS-4</b>	<b>Application for Employer Identification Number</b>	OMB No. 1545-0003
(Rev. February 2006) Department of the Treasury Internal Revenue Service	(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)	EIN
▶ See separate instructions for each line. ▶ Keep a copy for your records.		

Type or print clearly	1 Legal name of entity (or individual) for whom the EIN is being requested. <b>Louett-Summey Properties, INC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>15127 N. Main St.</b>	
	5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code <b>Jacksonville FL 32218</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>Duval County Florida</b>	
7a Name of principal officer, general partner, grantor, owner, or trustor <b>Selma C. Summey - Registered Agent</b>		7b SSN, ITIN, or EIN

<b>8a Type of entity (check only one box)</b> <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>PO600011895</b> <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ <b>Subchapter S / Real Estate Investment</b>	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian-tribal governments/enterprises Group Exemption Number (GEN) ▶
--	--

<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated State <b>Florida</b> Foreign country
--

<b>9 Reason for applying (check only one box)</b> <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ <b>open bank acct</b> <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶
--	---

<b>10</b> Date business started or acquired (month, day, year). See instructions. <b>HAS NOT STARTED YET</b>	<b>11</b> Closing month of accounting year <b>12/31</b>
---	--

<b>12</b> First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <b>-0-</b>			
---	--	--	--

<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)	Agricultural <b>0</b>	Household <b>0</b>	Other <b>0</b>
---	--------------------------	-----------------------	-------------------

<b>14</b> Check one box that best describes the principal activity of your business.			
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Real estate <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail

**15** Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

<b>16a</b> Has the applicant ever applied for an employer identification number for this or any other business? Note. If "Yes," please complete lines 16b and 16c.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

<b>16b</b> If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ <b>Summey Enterprises, Inc</b> Trade name ▶	
---	--

<b>16c</b> Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN		
<b>70's or 80's</b>	<b>Jax FL</b>	<b>59 1448592</b>

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name <b>Selma C. Summey Lovett</b>	Designee's telephone number (include area code) <b>(904) 751-1576</b>
	Address and ZIP code <b>15127 N. Main St. Jax FL 32218-1749</b>	Designee's fax number (include area code) <b>(904) 751-1505</b>

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ( )
Name and title (type or print clearly) ▶ <b>Selma C. Summey Lovett</b>		Applicant's fax number (include area code) ( )
Signature ▶ <b>Selma C. Summey Lovett</b>	Date ▶ <b>4/28/2007</b>	