


# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2012 JUN 14 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P11000075404**

1. Entity Name  
**JUST SUM, INC.**



Principal Place of Business      Mailing Address

3111 N. PORTICO TERRACE      3111 N. PORTICO TERRACE  
HERNANDO, FL 34442      HERNANDO, FL 34442

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**4318 S. Florida Ave**      **4318 S. Florida Ave**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**# 79**      **# 79**

City & State      City & State

**Inverness**      **Inverness**

Zip      Country      Zip      Country

**34450**      **Citrus**      **34450**      **Citrus**



04242012      Chg-P      CR2E034 (12/11)

4. FEI Number      Applied For

**453032235**      Not Applicable

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

6. Name and Address of Current Registered Agent

**SUMLIN, JOHN**  
3111 N. PORTICO TERRACE  
HERNANDO, FL 34442

7. Name and Address of New Registered Agent

Name: **John Sumlin**

Street Address (P.O. Box Number is Not Acceptable): **4318 S. Florida Ave**

**# 79**

City: **Inverness**      FL      Zip Code: **34450**

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: **John J. Sumlin - Owner**      DATE: **6 June 2012**

Signature, typed or printed name of registered agent and title if applicable.      (NO) E. Registered Agent signature required when reinstating

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2012 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMLIN, JOHN	NAME	
STREET ADDRESS	3111 N. PORTICO TERRACE	STREET ADDRESS	
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>200236387432</b>
STREET ADDRESS		STREET ADDRESS	<b>06/14/12--01018--001    **158.75</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<b>JUN 14 2012</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S. TONER</b>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **[Signature]**      DATE: **6 June 2012**      E-MAIL ADDRESS: **justsuminc@yahoo.com**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      E-MAIL ADDRESS