



2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P11000075404 1. Entity Name JUST SUM, INC.						FILED 2012 JUN 14 AM 11:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3111 N. PORTICO TERRACE HERNANDO, FL 34442				Mailing Address 3111 N. PORTICO TERRACE HERNANDO, FL 34442			
2. Principal Place of Business - No P.O. Box # 4318 S. Florida Ave Suite, Apt. #, etc. # 79 City & State Inverness Zip 34450		3. Mailing Address 4318 S. Florida Ave Suite, Apt. #, etc. # 79 City & State Inverness Zip 34450				04242012 Chg-P CR2E034 (12/11)	
4. FEI Number 453032235		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 <u>John J. Sumlin - Owner</u> DATE <u>6 June 2012</u> <small>Signature, typed or printed name of registered agent and title if applicable. (If E. Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2012 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMLIN, JOHN 3111 N. PORTICO TERRACE HERNANDO, FL 34442			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		
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		
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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>John J. Sumlin</u>				DATE: <u>6 June 2012</u> E-MAIL ADDRESS: <u>justsuminc@yahoo.com</u>			