


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P29534</b>	
<b>1. Entity Name</b> SUMMUM, INC.	

<b>Principal Place of Business</b> 707 GENESEE AVENUE SALT LAKE CITY, UT 84104	<b>Mailing Address</b> 707 GENESEE AVENUE SALT LAKE CITY, UT 84104
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 51-0183572	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  CHEW, JOHN A. 7516 ROSEVELT STREET HOLLYWOOD, FL 33024	<b>DO NOT WRITE IN THIS SPACE</b>
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**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) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD RA, S.B. AMON 707 GENESEE AVENUE SALT LAKE CITY, UT 84104
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CHEW, JOHN A. 7516 ROSEVELT ST. HOLLYWOOD, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CD RA, SB SHE 707 GENESEE AVENUE SALT LAKE CITY, UT 84104
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CSD MENU, S. B. NEFFER 707 GENESEE AVENUE SALT LAKE CITY, UT 84104
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CD AUA, S.B. ANY 707 GENESEE AVENUE SALT LAKE CITY, UT 84104
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/04-80092-023 61.25

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.**

<b>SIGNATURE:</b> <i>S.B. Neffer Menu</i> <i>S.B. Neffer Menu</i>	<b>1-27-04</b> <b>801-355-0137</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>