2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000040774

1. Entity Name
SUMCARLOS, INC.

Principal Place of Business	Mailing Address
5571 HALIFAX AVE	5571 HALIFAX AVE
FT MYERS, FL 33912	FT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0415427	Not Applicable

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

6. Name and Address of Current Registered Agent

NOLAND, JOHN A
1715 MONROE ST
FT MYERS, FL 33902-0280

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U000000182630
01/19/05-80035-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	V
NAME	MCNEW, QUINTON B
STREET ADDRESS	5571 HALIFAX AVE.
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	P
NAME	HUGHES, ROBERT K JR
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	ST
NAME	INGE, RONALD E
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____   Ronald E Inge   1/6/05   238-454-4339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #