2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED
Jan 24, 2007 08:00 AM
Secretary of State

Daytime Phone #

| ANITOAL ILL. UKI | | | | Jan 24, 200 / 00:00 | |
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| DOCUMENT # P93000040774 1. Entity Name SUMCARLOS, INC. | | 74 | | Secretary of Stat | |
| Principal Place of Business Mailing Address | | | | | |
| 5571 HALIFAX AVE 5571 HALIFAX AVE | | | | | |
| FT MYERS, FL 33912 FT MYERS, FL 33912 | | | | | |
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| DO NOT WRITE IN THIS SPACE | | | CE | 4. FEI Number Applied For | |
| | , | | | 65-0415427 Not Applicable | |
| | | The state of the s | | 5. Certificate of Status Desired S8.75 Additional | |
| | | | I | Fee Required | |
| | 6. Name and Address of Current Reg | istered Agent | | | |
| NOLAND, | JOHN A | | | DO NOT WRITE | |
| 1715 MONROE ST | | | | DO NOT WRITE | |
| FT MYER | S, FL 33902-0280 | | | IN THIS SPACE | |
| | | | | | |
| | | | | | |
| 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 obligat | tions 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 NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. | | | | .00 May Be ded to Fees | |
| 10. | OFFICERS AND DIR | L ECTORS | 4 4 | | |
| TITLE | V | | | | |
| NAME | MCNEW, QUINTON B | | | | |
| STREET ADDRESS | 5571 HALIFAX AVE. | | 1 | | |
| CITY-\$1-ZIP | FORT MYERS, FL 33912 | | | | |
| TITLE | P | | | 144 | |
| NAME STREET ADDRESS | HUGHES, ROBERT K JR 5571 HALIFAX AVE | | | 01/25/07-80057-013 150.00 | |
| CITY-ST-ZIP | FORT MYERS, FL 33912 | | • | E34 | |
| TITLE | ST | | | | |
| NAME | INGE, RONALD E | | | | |
| STREET ADDRESS | 5571 HALIFAX AVE | | | DO NOT WRITE | |
| CITY-ST-ZIP | FORT MYERS, FL 33912 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | DO NOT WRITE | |
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| 12. I hereby | certify that the information supplied with this | filing does not qualify for the ex | emptions contained | d in Chapter 119, Florida Statutes. I further certify that the information | |
| 12. I hereby certify that the information supplied with this filiper toes 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 therefore 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. | , | | |

PONONO E. INE

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR