



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000014092 1. Entity Name SUMMERS FUNERAL HOME, INCORPORATED	
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Principal Place of Business 2238 N.W. 10TH STREET OCALA, FL 34475	Mailing Address 2238 N.W. 10TH STREET OCALA, FL 34475
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DO NOT WRITE IN THIS SPACE



08202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2873047	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEAL-SPEARS, AMELIA
2238 N.W. 10TH STREET
OCALA, FL 34475**

**DO NOT WRITE
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 obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when restateating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUMMERS, ALVIS D 2238 N.W. 10TH STREET OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEAL-SPEARS, AMELIA 2238 N.W. 10TH STREET OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, ALVIS D 2238 NW 10TH ST OCALA, FL 34475
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08/28/07-80003-007 158.75

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IN THIS SPACE**

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: *Alvis D. Summers* **ALVIS D. SUMMERS** *8/20/2007* **(352) 351-0566**

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