2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000005677

1. Entity Name

SUMMERLAND SANDAL INC.



Principal Place of Business

Mailing Address

P.O. BOX 420760

SUMMERLAND KEY, FL 33042-0760 S

P.O. BOX 420760 SUMMERLAND KEY, FL 33042-0760 FILED Mar 15, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02012007 No C

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0634053

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMANY, PAMELA K 24818 US HWY 1 ROYAL PALM PLZA SUMMERLAND KEY, FL 33042-0760

DO NOT WRITE IN THIS SPACE

		!			
	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature typed or printed name of registered agent and title in	fapplicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME SIRFET ADDRESS CITY-ST-ZIP	D ADAMANY, PAMELA K % P.O. BOX 420760 N/A SUMMERLAND KEY, FL 330420760				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000667408 03/26/07-80027-009 150.00
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME SIREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS					

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 recover 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROOF DIRECTO

3112-7

305745996K

Daytime Phone #