

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000056954

1. Entity Name
SUMMERFIELD SALES AGENCY, INC.



Principal Place of Business 9180 N.W. 160TH AVE. MORRISTON, FL 32668	Mailing Address 9180 N.W. 160TH AVE. MORRISTON, FL 32668
---	---

DO NOT WRITE IN THIS SPACE



01292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3417007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VANLANGENDONCK, ARTHUR F
 9180 N.W. 160TH AVE.
 MORRISTON, FL 32668**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

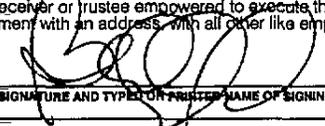
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANLANGENDONCK, ARTHUR F 9180 N.W. 160TH AVE. MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VANLANGENDONCK, BARBARA 9180 N.W. 160TH AVE. MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMMON, MATTHEW M 6112 HARWOOD ROAD LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000208254
 02/01/05-80079-004 150.00

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)(f), 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:  1-31-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #