2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90379 049 ***150.00

DOCUMENT # P96000071565

1. Entity Name SUMMERS OFFICE SERVICE, INC.



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12711 WORLD PLAZA LN 1 BLDG 81 E				Mailing Address 12711 WORLD PLAZA LN BLDG 81 FORT MYERS, FL 33907					613sp		ad Stitus sees allbi	umpu ei câti		
2. Principal P 9980 Suite, Apt.	LAS	VILLAS	cr	3. Mailing Addr 9980 Suite, Apt. #.	LAS	VIL	LAS	CT			derection of the control of the cont			
Suite, Apt.	Suite, rept. #,	010.				04122006	Chg-P	CF	R2E034 (11/05)					
City & State FORT MYEES, FL				City & State FORT MYERS					4. FEI Numb 65-069			N	oplied For ot Applicable	
Zip 33	919	Country	į	Zip 3 39	19	Count	try		5. Certificate	of Status Des	sired 🗍	\$8.75 Ad Fee Require		
	6. Name	and Address o	f Current Re	egistered Agent				. •	7. Name and	Address of	New Registe	red Agent		
SUMMERS, CAROLE JEAN 12711 WORLD PLAZA LN BLDG 81 FORT MYERS, FL 33907									P.O. Box Numb					
FORTMY	EKS, FL	33907					City Fo)RT	MUER			FL Zin Cox	le 9 1 4	
	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														
		FEE IS \$156 6 Fee will be	\$550.00	Trust f	n Campai und Contr		ncing		.00 May Be led to Fees					
10.	-	OFFIC	ERS AND D			11.			ADDITIONS	CHANGES T	O OFFICERS	AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12711 W	RS, CAROLE JI ORLD PLAZA (ERS, FL 3390	LN BLDG	□ (81	elete		Ε		o las v			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12711 W	RS, ROBERT L ORLD PLAZA (ERS, FL 339)	LN		elete			998	BO LAS 1	VILLAS	CT	Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					elete	TITLE NAME STRE		104	et Myel	<u> </u>	<u>. 3271</u>	Change	Addition	
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TIFLE NAME STREET ADDRESS CITY-ST-ZIP					elete					.,	, <u> </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					elete	TITLE NAME STRE	<u> </u>	-				☐ Change	Addition	
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: CAROUR TEAN SUMMERS 04/20/06 239-278-3730														
SIGNAT	TURE: _	CARO (A)	D TYPED OR PR	NTED NAME OF SIGN	KRS NG OFFICER	OR DIRECT	TOR		04)	20/06 Date		39-27. Daytime Prione #	-3/30	