2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104243

Current Principal Place of Business:

Entity Name: SUMMER FIELD FINANCIAL, INC.

FILED Apr 22, 2009 Secretary of State

1052 WILLA SPRINGS DR WINTER SPRINGS, FL 32708 US **Current Mailing Address: New Mailing Address:** 1052 WILLA SPRINGS DR WINTER SPRINGS, FL 32708

FEI Number: 59-3416345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAYNE, DAVID PRES MERTZ, MICHAEL A SVP 1356 SÚSANNAH BLVD 1052 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708 US ORLANDO, FL 32805 US

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.

SIGNATURE: MICHAEL A MERTZ 04/22/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

Title: PRFS () Delete Title: **FXCH** (X) Change () Addition Name: PAYNE, DAVID L MR Name: DUGHI, ROBERT C 1356 SUSANNAH BLVD 990 WOOD AVE SOUTH STE 501 Address: Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ISELIN, NJ 08830 () Delete Title: () Change (X) Addition Title: Name: Name: SKINNER, MARK M 990 WOOD AVE SOUTH STE 501 Address: Address: City-St-Zip: City-St-Zip: ISELIN, NJ 08830 Title: Title: () Delete SVP () Change (X) Addition RIORDAN, MATTHEW G Name: Name: 990 WOOD AVE SOUTH STE 501 Address Address: City-St-Zip: City-St-Zip: ISELIN, NJ 08830 Title: () Delete Title: SVP () Change (X) Addition SCHLUCTER, JAMES F Name: Name: Address: Address: 990 WOOD AVE SOUTH STE 501 City-St-Zip: City-St-Zip: ISELIN, NJ 08830

Title: Title: () Change (X) Addition () Delete MERTZ, MICHAEL A Name: Name:

Address: Address: 990 WOOD AVE SOUTH STE 501

City-St-Zip: City-St-Zip: ISELIN, NJ 08830

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A MERTZ SVP 04/22/2009