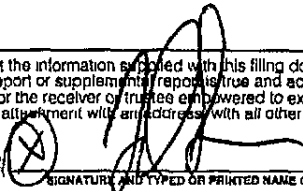


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000011842																																		
1. Entity Name SOMMER SPORTS, INC.																																		
Principal Place of Business POST OFFICE BOX 121236 CLERMONT, FL 34712		Mailing Address POST OFFICE BOX 121236 CLERMONT, FL 34712																																
DO NOT WRITE IN THIS SPACE																																		
		 04192005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3454017 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																
6. Name and Address of Current Registered Agent SOMMER, FRED 838 DESOTO STREET CLERMONT, FL 34711		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 reinstating) DATE _____																																		
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 <table border="1"> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>SOMMER, FRED</td> </tr> <tr> <td>STREET ADDRESS</td> <td>838 DESOTO ST</td> </tr> <tr> <td>CITY-ST- ZIP</td> <td>CLERMONT, FL 34711</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST- ZIP</td> <td></td> </tr> </table>		TITLE	D	NAME	SOMMER, FRED	STREET ADDRESS	838 DESOTO ST	CITY-ST- ZIP	CLERMONT, FL 34711	TITLE		NAME		STREET ADDRESS		CITY-ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST- ZIP		U00000322751 04/22/05-80027-002 150.00 DO NOT WRITE IN THIS SPACE
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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 reports 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: 		Fred Sommer 4-19-05 352 394-1320																																