# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P97000015884

1. Entity Name
SUMMERCORP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5323 61ST AVENUE SOUTH<br>ST. PETERSBURG, FL 33715 US | P.O. BOX 10098<br>GREENSBORO, NC 27404 US |

02272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3432293
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLEIM, HOLGER D
150 SECOND AVENUE NORTH
SUITE 1100
ST PETERSBURG, FL 33701

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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 | PDT |
| NAME | SUMMERFORD, HAROLD C |
| STREET ADDRESS | 5323 61ST AVENUE SOUTH |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33715 |
| TITLE | V |
| NAME | SUMMERFORD, ALLEN P. |
| STREET ADDRESS | 129 HORNIBLOW POINT RD |
| CITY-ST-ZIP | EDENTON, NC 27932 |
| TITLE | VS |
| NAME | MELHEM, MICHAEL R. |
| STREET ADDRESS | 6400 WELLSTONE COURT |
| CITY-ST-ZIP | GREENSBORO, NC 27410 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/28/05-80076-010 150.00

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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)(i), 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:** Michael R. Melhem Michael R. Melhem V.S. 4-23-05 336-282-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #