




**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000073013 1. Entity Name SUMMERTIME DEVELOPMENT CORP.			
Principal Place of Business 105 18TH AVE. NORTH LAKE WORTH, FL 33460		Mailing Address 818 NO DIXIE HWY #5 LAKE WORTH, FL 33460	
DO NOT WRITE IN THIS SPACE			
		02082007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0867556	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 STEVENS, CHRIS 105 18TH AVE. NORTH LAKE WORTH, FL 33460		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000678371 04/02/07-80030-014 150.00	
TITLE	D		
NAME	STEVENS, CHRIS		
STREET ADDRESS	105 18TH AVE. NORTH		
CITY-ST-ZIP	LAKE WORTH, FL 33460		
TITLE			
NAME			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		2/22/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	