

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000045569**

1. Entity Name  
**SUMMERTREE DEVELOPMENT II, INC.**



Principal Place of Business

**PO BOX 4696  
SEMINOLE, FL 33775**

Mailing Address

**PO BOX 4696  
SEMINOLE, FL 33775**

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3610453**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOFSTRA, PETER T  
8640 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772**

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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

Signature, typed or printed name of registered agent and title if applicable

(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**

TITLE	PD
NAME	LEACH, GERALD J
STREET ADDRESS	PO BOX 4696
CITY-ST-ZIP	SEMINOLE, FL 33775
TITLE	STD
NAME	ENGELHARDT, DANIEL A
STREET ADDRESS	P O BOX 4696
CITY-ST-ZIP	SEMINOLE, FL 33775
TITLE	VPD
NAME	ENGELHARDT, STEVE E
STREET ADDRESS	P O BOX 4696
CITY-ST-ZIP	SEMINOLE, FL 33775
TITLE	VPD
NAME	ENGELHARDT, PAUL D
STREET ADDRESS	P O BOX 4696
CITY-ST-ZIP	SEMINOLE, FL 33775
TITLE	D
NAME	ENGELHARDT, BARBARA J
STREET ADDRESS	P O BOX 4696
CITY-ST-ZIP	SEMINOLE, FL 33775
TITLE	D
NAME	RUGGLES, THOMAS W
STREET ADDRESS	PO BOX 4696
CITY-ST-ZIP	SEMINOLE, FL 33775

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03/16/05-80039-024 150.00

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IN THIS SPACE**

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 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:**

*Gerald J. Leach* **GERALD J. LEACH, PRES.** 03-12-05 727 593 7716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #