

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 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**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

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, 2007 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	ENGLEHARDT, 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	ENGLEHARDT, 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

U00000679070
04/03/07-80023-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/07 727.59

Date

Daytime Phone #