

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045569

FILED
Apr 26, 2009
Secretary of State

Entity Name: SUMMERTREE DEVELOPMENT II, INC.

Current Principal Place of Business:

13904 105TH TERRACE NORTH
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

PO BOX 4696
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 59-3610453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEACH, GERALD J
Address: PO BOX 4696
City-St-Zip: SEMINOLE, FL 33775

Title: STD () Delete
Name: ENGELHARDT, DANIEL A
Address: P O BOX 4696
City-St-Zip: SEMINOLE, FL 33775

Title: VPD () Delete
Name: ENGLEHARDT, STEVE E
Address: P O BOX 4696
City-St-Zip: SEMINOLE, FL 33775

Title: VPD () Delete
Name: ENGELHARDT, PAUL D
Address: P O BOX 4696
City-St-Zip: SEMINOLE, FL 33775

Title: D () Delete
Name: ENGLEHARDT, BARBARA J
Address: P O BOX 4696
City-St-Zip: SEMINOLE, FL 33775

Title: D () Delete
Name: RUGGLES, THOMAS W
Address: PO BOX 4696
City-St-Zip: SEMINOLE, FL 33775

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD J LEACH

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date