


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S28410
 1. Entity Name
SUMMIT GULF, INC.



Principal Place of Business Mailing Address
P.O. BOX 109 **P.O. BOX 109**
MARCO ISLAND, FL 33969 **MARCO ISLAND, FL 33969**



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0280043 **Not Applicable**

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

6. Name and Address of Current Registered Agent
CHILDS, DONALD G.
983 NORTH COLLIER BLVD
MARCO ISLAND, FL 34145

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DELAPA, ANTHONY F.
STREET ADDRESS	66 OAK ST., BOX 244
CITY-ST-ZIP	WESTWOOD, MA
TITLE	T
NAME	DELAPA, JOANNE
STREET ADDRESS	66 OAK ST., BOX 244
CITY-ST-ZIP	WESTWOOD, MA
TITLE	P
NAME	DELAPA, JOSEPH A
STREET ADDRESS	66 OAK ST. BOX 244
CITY-ST-ZIP	WESTWOOD, MA
TITLE	S
NAME	SITEMAN, JANINE E
STREET ADDRESS	19 DELAPA CIRCLE
CITY-ST-ZIP	SOUTH WALPOLE, MA 02071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-26-06 781-769-3354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #