


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S28410</b>	
1. Entity Name <b>SUMMIT GULF, INC.</b>	

Principal Place of Business <b>P.O. BOX 109 MARCO ISLAND, FL 33969</b>	Mailing Address <b>P.O. BOX 109 MARCO ISLAND, FL 33969</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0280043</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**CHILDS, DONALD G.  
983 NORTH COLLIER BLVD  
MARCO ISLAND, FL 34145**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	193 BAY COLONY DRIVE
CITY-ST-ZIP	WESTWOOD, MA 02090
TITLE	T
NAME	DELAPA, JOANNE
STREET ADDRESS	193 BAY COLONY DRIVE
CITY-ST-ZIP	WESTWOOD, MA 02090
TITLE	P
NAME	DELAPA, JOSEPH A
STREET ADDRESS	25 ROCKLAND ST. #11
CITY-ST-ZIP	WESTWOOD, MA 02090
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	

**DO NOT WRITE IN THIS SPACE**

00000929230  
05/21/08-80060-024 150.00

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:** \_\_\_\_\_ **4-22-08** **781-765-3384**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #