

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # S51498**

1. Entity Name  
**SUMMERWOOD GARDENS, INC.**



Principal Place of Business  
**11711 TARPON SPRINGS ROAD  
ODESSA, FL 33556**

Mailing Address  
**11711 TARPON SPRINGS ROAD  
ODESSA, FL 33556**



05152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3069292**

Applied For  
Not Applicable

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

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

**THWAITES, RICHARD L.  
11711 TARPON SPRINGS ROAD  
ODESSA, FL 33556**

**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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
THWAITES, RICHARD L  
11711 TARPON SPRINGS RD  
ODESSA, FL 33556**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
THWAITES, CARROL Y  
11711 TARPON SPRINGS RD  
ODESSA, FL 33556**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THWAITES, JEFFERY  
11711 TARPON SPRINGS RD  
ODESSA, FL 33556**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
STEWART, SHARON  
39 VALENCIA CIR  
SAFETY HARBOR, FL 34695**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000564667  
05/20/06-80087-005 150.00

**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: \_\_\_\_\_

*Richard Thwaites*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD THWAITES**

Date **5/16/06** Daytime Phone **(813) 920-6234**