2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# S51498

Entity Name: SUMMERWOOD GARDENS, INC.

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

Current Mailing Address:	**New Mailing Address:**
11711 TARPON SPRINGS ROAD ODESSA, FL 33556	

FEI Number: 59-3069292   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
THWAITES, RICHARD L. 11711 TARPON SPRINGS ROAD ODESSA, FL 33556 US	

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:

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	P ( ) Delete	Title:	( ) Change ( ) Addition
Name:	THWAITES, RICHARD L,	Name:	
Address:	11711 TARPON SPRINGS RD	Address:	
City-St-Zip:	ODESSA, FL 33556	City-St-Zip:	
Title:	S ( ) Delete	Title:	( ) Change ( ) Addition
Name:	THWAITES, CARROL Y,	Name:	
Address:	11711 TARPON SPRINGS RD	Address:	
City-St-Zip:	ODESSA, FL 33556	City-St-Zip:	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	THWAITES, JEFFERY	Name:	
Address:	11711 TARPON SPRINGS RD	Address:	
City-St-Zip:	ODESSA, FL 33556	City-St-Zip:	
Title:	T ( ) Delete	Title:	( ) Change ( ) Addition
Name:	STEWART, SHARON	Name:	
Address:	39 VALENCIA CIR	Address:	
City-St-Zip:	SAFETY HARBOR, FL 34695	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: RICHARD THWAITES   P   07/11/2008

Electronic Signature of Signing Officer or Director   Date