


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90315 002 \*\*\*150.00

<b>DOCUMENT # V66854</b> 1. Entity Name <b>SUMMER SYSTEMS, INC.</b>																													
Principal Place of Business <b>1303 W BASE ST MADISON, FL 32340 US</b>			Mailing Address <b>1303 W. BASE ST. MADISON, FL 32340 US</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																											
4. FEI Number <b>59-3147070</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>HICKS, SAMUEL MERRILL RT. 4 BOX 2020 MADISON, FL 32340</b>			7. Name and Address of New Registered Agent Name <b>Hicks, Samuel Merrill</b> Street Address (P.O. Box Number is Not Acceptable) <b>299 SW Country Club Estate Rd</b> City <b>Madison</b> <b>FL</b> Zip Code <b>32340</b>																										
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 <u><i>Samuel Hicks</i></u> DATE <b>4/21/05</b> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HICKS, SAMUEL MERRILL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>RT 4 BOX 2020</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MADISON, FL</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	HICKS, SAMUEL MERRILL		STREET ADDRESS	RT 4 BOX 2020		CITY-ST-ZIP	MADISON, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 exemption stated in Section 119.07(3)(i), 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: <u><i>Samuel Hicks</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/21/05</b> Daytime Phone # <b>850-973-8855</b>																									