


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90005 010 ***150.00

DOCUMENT # V72174 1. Entity Name SUMMERHILL HOMES, INC.	
---	---

Principal Place of Business 3403 TECHNOLOGICAL AVE. SUITE 12 ORLANDO, FL 32817 US	Mailing Address 3403 TECHNOLOGICAL AVE. SUITE 12 ORLANDO, FL 32817 US
---	---

01011041



DO NOT WRITE IN THIS SPACE

02262004	No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3147092	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, CHARLOTTE M 859 BUENA VENTURA BLVD 3403 Technological Ave. KISSIMMEE, FL 34743 Suite 12 Orlando, Fl. 32817
--

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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WILLIAMS, CHARLOTTE M. 859 BUENA VENTURA BLVD 3403 Technological Ave. Suite 12 KISSIMMEE, FL 34743 Orlando, 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Charlotte Williams, Pres. Williams **2/26/04** **(407) 658-2020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date the Filing is