

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107122

FILED
Feb 23, 2010
Secretary of State

Entity Name: M DAVID SUMMERS, P.A.

Current Principal Place of Business:

10025 BLOOMFIELD HILLS DR
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

10025 BLOOMFIELD HILLS DR
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 56-2400442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ
LASMAN & ASSOCIATES, P.A.
115 PROVIDENCE RD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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:

Title: P
Name: SUMMERS, LAURA M
Address: 10025 BLOOMFIELD HILLS DR
City-St-Zip: SEFFNER, FL 33584

Title: VP
Name: SUMMERS, MARK D VP
Address: 10445 GIBSONTON DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VP
Name: SUMMERS, MARK D VP
Address: 10445 GIBSONTON DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: VP
Name: SUMMERS, MARK D VP
Address: 10445 GIBSONTON DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: VP
Name: SUMMERS, MARK D VP
Address: 10445 GIBSONTON DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: VP
Name: SUMMERS, MARK D VP
Address: 10445 GIBSONTON DRIVE
City-St-Zip: RIVERVIEW, FL 33569

I hereby 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 all other like empowered.

SIGNATURE: MARK SUMMERS

VP

02/23/2010

Electronic Signature of Signing Officer or Director

_____ Date