

1.) CORPORATION NAME: SUMMERS SERVICE CENTER, INC.	DUE DATE: 5/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARTINWREN PC 400 LOCUST AVENUE, SUITE 1 CHARLOTTESVILLE, VA	SCC ID NO: 04462313				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTESVILLE CITY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1615 EARLYSVILLE RD CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901	
---	--

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS MICHAEL SUMMERS		
TITLE: PRES/TREAS		
ADDRESS: 229 OLD LYNCHBURG RD		
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS MICHAEL SUMMERS, JR		
TITLE: VP/SEC		
ADDRESS: 229 OLD LYNCHBURG RD		
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DENNIS MICHAEL SUMMERS	DENNIS MICHAEL SUMMERS, PRES/TREAS	9/19/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.