

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655303

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** SUMMIT HOTEL MANAGEMENT COMPANY, INC.

**Current Principal Place of Business:**

122 FOURTH AVE  
SUITE 101  
INDIALANTIC, FL 32903 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 33547  
INDIALANTIC, FL 32903 US

**New Mailing Address:**

**FEI Number:** 59-1986853      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOONIN, LARRY  
122 FOURTH AVE  
STE 101  
INDIALANTIC, FL 32903 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

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: FAUST, CHARLES R  
Address: 4747 N. OCEAN DR., #204  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

Title: PD  
Name: VOLKERT, LEON H  
Address: 4747 N. OCEAN DR., #204  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

Title: STD  
Name: KOONIN, LAUREN B  
Address: 122 FOURTH AVENUE SUITE 101  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: AS  
Name: HENDERSON, CHARISSE A  
Address: 122 FOURTH AVENUE SUITE 101  
City-St-Zip: INDIALANTIC, FL 32903 US

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: CHARISSE A. HENDERSON

AS

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date