

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000005361

1. Entity Name  
SUMMIT AMERICA PROPERTIES, INC.



Principal Place of Business

105 TALLPOOSA STREET  
SUITE 300  
MONTGOMERY, AL 36104

Mailing Address

105 TALLPOOSA STREET  
SUITE 300  
MONTGOMERY, AL 36104

**FILED**  
**Aug 27, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 63-1245454	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

RIVARD, ADRIEN A III  
420 WEST BEACH DRIVE  
PANAMA CITY, FL 32401

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	HUGHES, W. DANIEL JR.
STREET ADDRESS	105 TALLPOOSA STREET, SUITE 300
CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	ST
NAME	COX, BRIDGET
STREET ADDRESS	105 TALLPOOSA STREET, SUITE 300
CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	CFO
NAME	CROSSFIELD, SCOTT R
STREET ADDRESS	105 TALLPOOSA STREET, SUITE 300
CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/27/08-80005-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Scott Crossfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-08

Date

334.531.4458

Daytime Phone #