## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # J92743** 1. Entity Name 04-21-2004 90037 023 \*\*\*150.00 SUMMIT GROUP, INC. Principal Place of Business Mailing Address 4566-26TH AVE. N. 4566-26TH AVE. N. SAINT PETERSBURG, FL 33713 SAINT PETERSBURG, FL 33713 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Cha-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-2875404 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNNDER, IVER B JR Street Address (P.O. Box Number is Not Acceptable) 4566 26TH AVE N ST. PETE., FL 33713 Zip Code 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 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PST** ☐ Delete TITLE TITLE Addition Channe DUNNDER, IVER B JR NAME NAME STREET ADDRESS 4566 26TH AVE N. STREET ADDRESS City-st-7l2 SAINT PETERSBURG, FL 33713 CITY - ST - ZIP TITLE Delete TITLE ☐ Change ■ Addition HUHSUCKER, MARVIN T NAME MAME STREET ADDRESS 3055-66TH AV N. #42 STREET ADDRESS SAINT PETERSBURG, FL 33702 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -TITLE. ☐ Change ☐ Addition MILLER, GERALD L NAME NAME 5455-17TH AVE N. STREET ADDRESS STREET ADDRESS SAINT PETERSBURG, FL 33710 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

President

**FILED**