## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # L58265** 03-14-2005 90126 001 \*\*\*317.50 SUMMIT ENTERPRISES, INC. Principal Place of Business Mailing Address 789 S FEDERAL HWY #308 789 S FEDERAL HWY #308 66004780 STUART, FL 34994 US STUART, FL 34994 2. Principal Place of Business 3. Mailing Address 2655 N. OCEAN DRIVE 2655 N. OCEAN DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 CR2E034 (10/03) Chg-P **SHITE # 403 SUITE # 403** Applied For City & State City & State 4. FF1 Number SINGER ISLAND. SINGERDISLAND, FL. 65-0183138 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 33404 33404 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDDY, JAMES R Street Address (P.O. Box Number is Not Acceptable) 2401 É. ATLANTIC BLVD. **SUITE 314** POMPANO BEACH, FL 33062 City 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. Lam 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 Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Detete TITLE ☐ Change ☐ Addition NAME MACARI, JOHN NAME STREET ADDRESS 250 TEQUESTA DRIVE, SUITE 202 STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-7IP TITLE ☐ Delete ☐ Chance ☐ Addition NAME NAME MACARI, JOHN STREET ADDRESS STREET ADDRESS 2655 N. OCEAN DRIVE SUITE # 403 CITY-ST-ZIF SINGER ISLAND, FL. 33404 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP ☐ Delete ☐ Addition TITLE ПΠЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME 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 receive the supplemental 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. how SIGNATURE: Date Daytime Phone #

FILED

Mar 14, 2005 8:00 am