

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90267 016 ***150.00

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|--|--|--|--|---|--|
| DOCUMENT # L96179 1. Entity Name SUMMIT GLOBAL PARTNERS OF FLORIDA, INC. | | | | | |
| Principal Place of Business 1445 ROSS AVENUE 4200 DALLAS, TX 75202 US | | | Mailing Address 1445 ROSS AVENUE 4200 DALLAS, TX 75202 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address 555 Pleasantville Rd, Ste 405 Suite, Apt. #, etc. Suite 160 South City & State Briarcliff Manor, NY 10510 Zip Country USA | | | |
| 4. FEI Number 65-0214784 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 01122005 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PCEO HAYNES, JEFF 770 S DIXIE HWY CORAL GABLES, FL 33146 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PCEO David Eslick 555 Pleasantville Rd, Ste 405 South Briarcliff Manor, NY 10510 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SVP LEONARD, RICHARD J 3651 FAU BLVD SUITE 300 BOCA RATON, FL 33431 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP BAKER, BRUCE 3651 FAU BLVD SUITE 300 BOCA RATON, FL 33431 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SVP MORRIS, GARY H 3651 FAU BOULEVARD STE 300 BOCA RATON, FL 33431 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STEVE PAN, JEFF C 1445 ROSS AVE STE 4200 DALLAS, TX 75201 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SVP C. Jeff Pan 1445 Ross Ave, Ste 4200 Dallas, TX 75202 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SVP BOWMAN, STEPHANIE 1445 ROSS AVE STE 4200 DALLAS, TX 75201 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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. | | | | | |
| SIGNATURE: _____ | | | Date Daytime Phone # | | |