

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90007 047 \*\*\*150.00

**DOCUMENT # P00000117917**

1. Entity Name  
**SUMMERPORT DEVELOPMENT COMPANY**



Principal Place of Business  
**16 E. PLANT STREET  
WINTER GARDEN, FL 34787**

Mailing Address  
**16 E. PLANT STREET  
WINTER GARDEN, FL 34787**

**34017304**



**DO NOT WRITE IN THIS SPACE**

03092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3707325**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KARR, THOMAS J JR  
527 MAIN STREET  
WINDERMERE, FL 34786**

**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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	NEIL, EDWARD C
STREET ADDRESS	2965 TATE BLVD SE
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	DVP
NAME	ALLEN, DONALD R
STREET ADDRESS	16 E PLANT ST
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	DVP
NAME	BROWN, LEE G
STREET ADDRESS	201 S. GOVERNMENT SE.#208
CITY-ST-ZIP	HICKORY, NC 28602
TITLE	DAS
NAME	TOWNSEND, KEITH R
STREET ADDRESS	201 S. GOVERNMENT AVE SW.#208
CITY-ST-ZIP	HICKORY, NC 28602
TITLE	DST
NAME	HAGER, THOMAS
STREET ADDRESS	13900 CONLAN CIR. STE.#240
CITY-ST-ZIP	CHARLOTTE, NC 28277
TITLE	DVP
NAME	KARR, THOMAS J
STREET ADDRESS	527 MAIN ST
CITY-ST-ZIP	WINDERMERE, NC

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #