2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State
07-08-2005 90020 015 ***550.00

66025111

07012005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000087894

1. Entity Name
SUMMIT COMMUNITY GROUP, INC.

Principal Place of Business	Mailing Address
327 OFFICE PLAZA DRIVE SUITE 203 TALLAHASSEE, FL 32301	327 OFFICE PLAZA DRIVE SUITE 203 TALLAHASSEE, FL 32301

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 06-1643292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUNTER, GLENN A 327 OFFICE PLAZA DRIVE ~~SUITE 215~~ TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite 203 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D HUNTER, GLENN A ~~501 BLAIRSTONE ROAD, APT. 2724~~ ~~TALLAHASSEE, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 327 Office Plaza Dr #203 Tallahassee, FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNTER, RACHEL ~~501 BLAIRSTONE ROAD, APT. 2724~~ ~~TALLAHASSEE, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 327 Office Plaza Dr #203 Tallahassee, FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNTER, KYLE G ~~2390 PEACHTREE DRIVE~~ ~~TALLAHASSEE, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 327 Office Plaza Dr #203 Tallahassee, FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNTER, KEITH A ~~2050 CAPITAL PARK DRIVE~~ ~~TALLAHASSEE, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 327 Office Plaza Dr #203 Tallahassee, FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNTER, KAREN A ~~1395 AIRPORT DRIVE~~ ~~TALLAHASSEE, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 327 Office Plaza Dr #203 Tallahassee, FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODNER, KIMBERLY A ~~3461 SW 2ND AVE., APT 157~~ ~~GAINESVILLE, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 327 Office Plaza Dr #203 Tallahassee, FL 32301

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: Glenn Hunter 7/6/05 850/942-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #