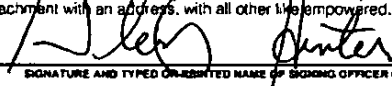


FILED
Jul 27, 2005 8:00 am
Secretary of State

07-08-2005 90020 015 ***550.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000087894			
1. Entity Name SUMMIT COMMUNITY GROUP, INC.			
Principal Place of Business 327 OFFICE PLAZA DRIVE SUITE 203 TALLAHASSEE, FL 32301		Mailing Address 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 HUNTER, GLENN A 327 OFFICE PLAZA DRIVE SUITE 203 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEB 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 ☐ Delete HUNTER, GLENN A 601 BLAIRSTONE ROAD, APT. 2724 TALLAHASSEE, FL	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 ☐ Delete HUNTER, RACHEL 601 BLAIRSTONE ROAD, APT. 2724 TALLAHASSEE, FL	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 ☐ Delete HUNTER, KYLE G 3300 PEACHTREE DRIVE TALLAHASSEE, FL	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 ☐ Delete HUNTER, KEITH A 2050 CAPITAL PARK DRIVE TALLAHASSEE, FL	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 ☐ Delete HUNTER, KAREN A 1395 AIRPORT DRIVE TALLAHASSEE, FL	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 ☐ Delete GOODNER, KIMBERLY A 3461 9th Ave., Apt 167 TAINESVILLE, FL	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: 		T/6/05 850/942-1090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day Month Phone #	