

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000148605

1. Entity Name
BUSKIRK, SUMMERS & GRAVELY COMMUNITIES, INC.



Principal Place of Business
303 9 ST W STE 201
BRADENTON, FL 34205

Mailing Address
303 9 ST W STE 201
BRADENTON, FL 34205



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0646411

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUMMERS, STEVE E
303 9 ST W STE 201
BRADENTON, FL 34205

**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)

000000712550

04/26/07-80052-016 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | P |
| NAME | BUSKIRK, FRANK A |
| STREET ADDRESS | 303 NINTH ST. W., SUITE 201 |
| CITY-ST-ZIP | BRADENTON, FL 34205 |
| TITLE | VPST |
| NAME | SUMMERS, STEVE E |
| STREET ADDRESS | 303 NINTH ST. W., SUITE 201 |
| CITY-ST-ZIP | BRADENTON, FL 34205 |
| TITLE | EVPD |
| NAME | GRAVELY, JEFFREY D |
| STREET ADDRESS | 303 NINTH ST. W., SUITE 201 |
| CITY-ST-ZIP | BRADENTON, FL 34205 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #