

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90344 006 \*\*\*150.00

DOCUMENT # P04000041226

1. Entity Name

SUMMIT KREATIVE GROUP, INC.



Principal Place of Business

8670 WESLEYAN DR.  
APT. 309  
FORT MYERS FL 33919  
US

Mailing Address

8670 WESLEYAN DR.  
APT. 309  
FORT MYERS FL 33919  
US

2. Principal Place of Business

1403 SW 43 LN

3. Mailing Address

1403 SW 43 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL

City & State

CAPE CORAL

Zip

33914

Country

LEE

Zip

33914

Country

LEE

4. FEI Number

77-0624183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEFFENSEN, ANDREAS  
8670 WESLEYAN DR.  
APT. 309  
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name STEFFENSEN, ANDREAS

Street Address (P.O. Box Number is Not Acceptable)

1403 SW 43 LN

City CAPE CORAL

FL

Zip Code

33914

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

04/14/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME STEFFENSEN, ANDREAS  
STREET ADDRESS 8670 WESLEYAN DR., APT. 309  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE T ☐ Delete  
NAME STEFFENSEN, SARAH  
STREET ADDRESS 8670 WESLEYAN DR., APT. 309  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME ~~ANDREAS~~ STEFFENSEN, ANDREAS  
STREET ADDRESS 1403 SW 43 LN  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE T ☒ Change ☐ Addition  
NAME STEFFENSEN, SARAH  
STREET ADDRESS 1403 SW 43 LN  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 or other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREAS STEFFENSEN

04/14/05

Date

239-466-1958

Daytime Phone #