

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90015 047 \*\*\*150.00

**DOCUMENT # P05000076496**

1. Entity Name  
**SUMMIT CONTRACTORS GROUP, INC.**



Principal Place of Business  
**6877 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE, FL 32256**

Mailing Address  
**6877 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE, FL 32256**

**20001178**



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**20-2903389**

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

**FLECKENSTEIN, ROBERT L  
6877 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE, FL 32256**

Name

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

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!!! 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME FLECKENSTEIN, ROBERT L  
STREET ADDRESS 6877 PHILLIPS INDUSTRIAL BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME MOORE, MICHAEL M.  
STREET ADDRESS 6877 PHILLIPS INDUSTRIAL BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VD ☐ Delete  
NAME BOATWRIGHT, MAYLON D  
STREET ADDRESS 6877 PHILLIPS INDUSTRIAL BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME CORNELIUS, BERNARD R.  
STREET ADDRESS 6877 PHILLIPS INDUSTRIAL BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE COO/DIRECTOR ☐ Delete  
NAME SOWDERS, PAUL D  
STREET ADDRESS 6877 PHILLIPS INDUSTRIAL BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

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

TITLE CFO ☒ Delete  
NAME LONGO, RICHARD J  
STREET ADDRESS 6877 PHILLIPS INDUSTRIAL BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

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

TITLE VP ☒ Delete  
NAME RENEAU, WILLIAM E  
STREET ADDRESS 6877 PHILLIPS INDUSTRIAL BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

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

TITLE VP ☐ Delete  
NAME DAVENPORT, HUGH M  
STREET ADDRESS 6877 PHILLIPS INDUSTRIAL BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

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 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

01-11-2007 904-292-3300

Date

Daytime Phone #

**Robert L. Fleckenstein**