

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000076496

FILED
Sep 26, 2008
Secretary of State

Entity Name: SUMMIT CONTRACTORS GROUP, INC.

Current Principal Place of Business:

6877 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

6877 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-2903389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLECKENSTEIN, ROBERT L
Address: 6877 PHILLIPS INDUSTRIAL BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: MOORE, MICHAEL M
Address: 6877 PHILLIPS INDUSTRIAL BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: CORNELIUS, BERNARD R
Address: 6877 PHILLIPS INDUSTRIAL BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: DAVENPORT, HUGH M
Address: 6877 PHILLIPS INDUSTRIAL BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PADGETT, MICHAEL M
Address: 6877 PHILLIPS INDUSTRIAL BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO () Change (X) Addition
Name: MAY, KATHERINE L
Address: 6877 PHILLIPS INDUSTRIAL BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LOUIS FLECKENSTEIN

PD

09/26/2008

Electronic Signature of Signing Officer or Director

Date