

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102962

FILED
Mar 24, 2009
Secretary of State

Entity Name: SUMMIT FINANCIAL ENTERPRISES, INC.

Current Principal Place of Business:

101 WEST 23RD ST.
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

101 WEST 23RD ST.
PANAMA CITY, FL 32405

New Mailing Address:

P. O. BOX 15428
PANAMA CITY, FL 32406

FEI Number: 75-3256809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEIN, ANDREW W. CEO
3315 HARBOUR PLACE
PANAMA CITY, FL 32405 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: COOLEY, TOMMY M
Address: 712 MOORE CIRCLE
City-St-Zip: PANAMA CITY, FL 32401

Title: DIR () Delete
Name: COOK, JAMES T M.D.
Address: 504 CHERRY ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: DIR () Delete
Name: DUNN, NEAL P M.D.
Address: 340 BUNKERS COVE RD.
City-St-Zip: PANAMA CITY, FL 32401

Title: DIR () Delete
Name: NEIL, JONES C
Address: 2301 NORTH HARBOUR DR.
City-St-Zip: PANAMA CITY, FL 32444

Title: DIR () Delete
Name: NEUBAUER, THOMAS S
Address: 740 TYNDALL PARKWAY
City-St-Zip: PANAMA CITY, FL 32404

Title: DIR () Delete
Name: REISS, CHRISTINE L
Address: 338 BUNKERS COVE RD.
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DIR (X) Change () Addition
Name: JONES, NEIL C
Address: 2301 NORTH HARBOUR DR.
City-St-Zip: PANAMA CITY, FL 32444

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

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

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: ANDREW W. STEIN

CEO

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date