

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000087800

1. Entity Name  
SUMMIT ENTERPRISES PARTNERS, INC.



**FILED  
Feb 10, 2004 8:00 am  
Secretary of State**

02-10-2004 90009 008 \*\*\*158.75

Principal Place of Business

1024 COX GRADE RD  
PANAMA CITY BEACH, FL 32407

Mailing Address

1024 COX GRADE RD  
PANAMA CITY BEACH, FL 32407

2. Principal Place of Business

17687 Ashley Dr.

3. Mailing Address

PO Box 9088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Bch, FL

City & State

Panama City Bch, FL

Zip  
32413

Country

Zip  
32417

Country

4. FEI Number

59-3304478

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARE, DIANE C  
3003 S. HWY. 77  
SUITE A  
LYNN HAVEN, FL 32444

Name Diann C. Hare CRA

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

2589 Jenkins Ave.

City Panama City

FL

Zip Code  
32405

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME COX, RICHARD JR  
STREET ADDRESS 1024 COX GRADE RD  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PO Box 9088  
Panama City Bch, FL 32417

Change  Addition

TITLE D  
NAME REED, MICHAEL  
STREET ADDRESS 500 W. 19TH STREET  
CITY-ST-ZIP PANAMA CITY, FL 32405

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

850-234-7800

Date

Daytime Phone #