


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-10-2004 90009 008 ***158.75

DOCUMENT # P94000087800	
1. Entity Name SUMMIT ENTERPRISES PARTNERS, INC.	

Principal Place of Business 1024 COX GRADE RD PANAMA CITY BEACH, FL 32407	Mailing Address 1024 COX GRADE RD PANAMA CITY BEACH, FL 32407
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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	Zip 32417
Country	Country

01192004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3304478	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HARE, DIANE C 3003 S. HWY. 77 SUITE A LYNN HAVEN, FL 32444	

7. Name and Address of New Registered Agent	
Name Diane C. Hare CPA	
Street Address (P.O. Box Number is Not Acceptable) 2589 Jenks 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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, RICHARD JR 1024 COX GRADE RD PANAMA CITY BEACH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 9088 Panama City Bch, FL 32417 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, MICHAEL 500 W. 19TH STREET PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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	Date 2/6/04	Daytime Phone # 850-234-7800
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