
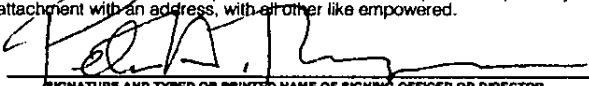


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

| | | |
|--|---|--|
| DOCUMENT # P96000100499 | |  |
| 1. Entity Name SUMMIT HOSPITALITY CORPORATION | | |
| Principal Place of Business 2425 FRONTAGE RD DAVENPORT, FL 33837 | | Mailing Address 2425 FRONTAGE RD DAVENPORT, FL 33837 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent THOMPSON, PETER A 2425 FRONTAGE RD DAVENPORT, FL 33837 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D THOMPSON, PETER A 2425 FRONTAGE RD DAVENPORT, FL 33837 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE 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 another like empowered. | | |
| SIGNATURE:  | | 4/2/08 407-542-9039 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Peter A. Thompson | | Date Daytime Phone # |



03222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3415227

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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05/01/08-80002-002 150.00