

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90007 046 ***150.00

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1. Entity Name
SUMMERPORT LAND COMPANY



Principal Place of Business
**16 E PLANT STREET
WINTER GARDEN, FL 34787 US**

Mailing Address
**16 E PLANT STREET
WINTER GARDEN, FL 34787 US**

54017303



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3502816

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KARR, THOMAS J JR.
527 MAIN STREET
WINDERMERE, FL 34786**

**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 _____

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
KARR, THOMAS J
527 MAIN ST
WINDERMERE, FL 34786**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
ALLEN, JR, DONALD R
16 E PLANT STREET
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, LEE G
201 GOVERNMENT AVE SW STE 208
HICKORY, NC 28602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
HAGER, THOMAS
13900 CONLAN CIR STE 240
CHARLOTTE, NC 28277**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAS
TOWNSEND, R. KEITH
201 GOVERNMENT AVE SW STE 208
HICKORY, NC 28602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
NEILL, EDWARD
2965 TATE BLVD SE
HICKORY, NC 28601**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Daytime Phone # _____