

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -5 AM 11:29

DOCUMENT # P98000030223

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



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-3502816

Applied For
Not Applicable

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

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, 2008 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

400118354734
02/19/08--01050--025 **288.75

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #