

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030223

FILED
Feb 02, 2009
Secretary of State

Entity Name: SUMMERPORT LAND COMPANY

Current Principal Place of Business:

16 E PLANT STREET
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

16 E PLANT STREET
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 56-3502816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: KARR, THOMAS J
Address: 527 MAIN ST
City-St-Zip: WINDERMERE, FL 34786

Title: DVP () Delete
Name: ALLEN, JR, DONALD R
Address: 16 E PLANT STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: BROWN, LEE G
Address: 201 GOVERNMENT AVE SW STE 208
City-St-Zip: HICKORY, NC 28602

Title: DST () Delete
Name: HAGER, THOMAS
Address: 13900 CONLAN CIR STE 240
City-St-Zip: CHARLOTTE, NC 28277

Title: DAS () Delete
Name: TOWNSEND, R. KEITH
Address: 201 GOVERNMENT AVE SW STE 208
City-St-Zip: HICKORY, NC 28602

Title: DP () Delete
Name: NEILL, EDWARD
Address: 2965 TATE BLVD SE
City-St-Zip: HICKORY, NC 28601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROWN, LEE G
Address: 1333 2ND STREET NE STE 207
City-St-Zip: HICKORY, NC 28601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DAS (X) Change () Addition
Name: TOWNSEND, R. KEITH
Address: 1333 2ND STREET NE STE 207
City-St-Zip: HICKORY, NC 28601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD R ALLEN JR

Electronic Signature of Signing Officer or Director

DVP

02/02/2009

Date