2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000084115

1. Entity Name

SUMTER CROSSING PROPERTIES, INC.



Principal Place of Business

411 COMMERCIAL COURT

SUITE E

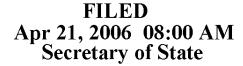
VENICE, FL 34292

Mailing Address

411 COMMERCIAL COURT

SUITE E

VENICE, FL 34292





02282006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3629811

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BINGHAM, JAMES H 411 COMMERCIAL COURT SUITE E VENICE FL 34292

DO NOT WRITE IN THIS SPACE

VENTOE, 1	2 04202				
	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	office or r	egistered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE Sphature, typed or printed name of registered agent and title if explicable (NOTE: Pegistered Agent signature				e required when reinstating) OATE	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.		\$5.00 May Be Addod to Fees	
10.	OFFICERS AND DIREC	TORS		:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP BINGHAM, JAMES H 411 COMMERCIAL COURT, SUITE E VENICE, FL 34292 DVST				U00000523046 05/03/06-80057-004 150.00
NAME STREET ADDRESS CITY-ST-ZIP	OAKLEY, THOMAS E 101 ABC ROAD LAKE WALES, FL 33853	<u> </u>		<u>.</u>	
THLE NAME STITEET ADDRESS CITY-ST-ZIP	DVP MCCORMIC, DANIEL C 9288 COUNTY ROAD 121 WILDWOOD, FL 34785			DO	NOT WRITE
TITLE NAME STREET ADDRESS CJTY-ST-ZIP				IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1	
TITLE					

12. I hereby certify that the information supplied with this filling 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 cettly, 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, was a other like empowered.

SIGNATURE:

STRLET ADDRESS CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 Date

Daytime Prione ₽