

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000076496

**Entity Name:** SUMMIT CONTRACTORS GROUP, INC.**Current Principal Place of Business:**6877 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE, FL 32256**Current Mailing Address:**6877 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE, FL 32256**FEI Number:** 20-2903389**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FLECKENSTEIN, ROBERT L  
6877 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE, FL 32256 US*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**Officer/Director Detail :**

Title	PD
Name	FLECKENSTEIN, ROBERT L
Address	6877 PHILLIPS INDUSTRIAL BLVD.
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	PADGETT, MICHAEL M
Address	6877 PHILLIPS INDUSTRIAL BLVD.
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	CORNELIUS, BERNARD R
Address	6877 PHILLIPS INDUSTRIAL BLVD.
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	DAVENPORT, HUGH M
Address	6877 PHILLIPS INDUSTRIAL BLVD.
City-State-Zip:	JACKSONVILLE FL 32256

Title	SCAO
Name	SANZOSTI, NICOLE L
Address	6877 PHILLIPS INDUSTRIAL BLVD
City-State-Zip:	JACKSONVILLE FL 32256

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT FLECKENSTEIN****PD****08/09/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date