


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 818021**

1. Entry Name  
**CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE**



Principal Place of Business <b>4560 TROUSDALE DR          NASHVILLE, TN 37204</b>	Mailing Address <b>4560 TROUSDALE DR          NASHVILLE, TN 37204</b>
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**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>62-0563567</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED  
 1203 GOVERNORS SQUARE BLVD  
 STE 101  
 TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ (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

U00000873911  
 04/10/08-80098-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWMAN, ROBERT E. 2306 RACQUETCLUB DR MURFREESBORO, TN 37130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORNETT, BRUCE 813 FIRESIDE CIR BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOFIELD, ANTHONY 4560 TROUSDALE DRIVE NASHVILLE, TN. 37204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KERR, STEPHEN R 4560 TROUSDALE DRIVE NASHVILLE, TN 37204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Robert E. Bowman* **3-26-08** **615 244-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #