

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M81956

FILED
Jan 04, 2005
Secretary of State

Entity Name: CUMMINS & NAILOS, P.A.

Current Principal Place of Business:

1009 N 14TH ST.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

PO BOX 1656
LEESBURG, FL 347491656

New Mailing Address:

FEI Number: 59-2892266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMMINS, NORMAN C.
1009 N 14TH ST
LEESBURG, FL 34748 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: P () Delete
Name: CUMMINS, NORMAN C.,
Address: 1009 N. 14TH STREET
City-St-Zip: LEESBURG, FL

Title: ST () Delete
Name: NAILOS, KRISTIN
Address: 450 E HWY 50 STE 7
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: NAILOS, HEATH B
Address: 450 E. HWY 50 STE 7
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: NAILOS, KRISTIN
Address: 2215 CLUSTER OAK DR., STE 2
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change () Addition
Name: NAILOS, HEATH B
Address: 2215 CLUSTER OAK DR., STE 2
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NORMAN C. CUMMINS

P

01/04/2005

Electronic Signature of Signing Officer or Director

Date