2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# M81956

Entity Name: CUMMINS & NAILOS, P.A.

Current Principal Place of Business:

1009 N 14TH ST.
LEESBURG, FL 34748

New Principal Place of Business:

803 E. DIXIE AVENUE
LEESBURG, FL 34748

Current Mailing Address:

P.O. BOX 491656
LEESBURG, FL 34749

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:

CUMMINS, NORMAN C.
803 E. DIXIE AVENUE
LEESBURG, FL 34748 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: _____ 03/05/2007
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: 2215 CLUSTER OAK DR., STE 2
City-St-Zip: CLERMONT, FL 34711

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CUMMINS, NORMAN C.,
Address: 803 E. DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMAN C. CUMMINS PRES 03/05/2007
Electronic Signature of Signing Officer or Director — Date