

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000084907

1. Entity Name
CUMMINGS AND SETTEL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -1 AM 11:00

Principal Place of Business
**28467 US HWY. 19 N. #302
CLEARWATER, FL 33761**

Mailing Address
**28467 US HWY. 19 N. #302
CLEARWATER, FL 33761**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082005

Chg-P

CR2E034 (10/03)

4. FEI Number

55-0873749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SETTEL, BRAD
28467 US HWY. 19 N. #302
CLEARWATER, FL 33761**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
CUMMINGS, RICHARD
28467 US HWY. 19 N. #302
CLEARWATER, FL 33761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SETTEL, BRAD
28467 US HWY. 19 N. #302
CLEARWATER, FL 33761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 attached with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3/9/05 727.510-9925
Date Daytime Phone #

Brad Settel
28467 US Hwy 19 North
Suite 302
Clearwater, FL 33761

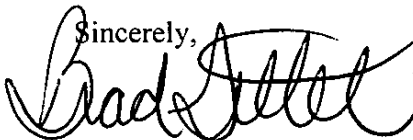
RE: Doc: P04000084907
FEI: 55-0873749

June 29, 2005

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Please see attached copy "Notice of Intent to Dissolve". The Corporate Renewal was filed on March 9, 2005 and we are also enclosing a copy of our canceled check.

Please waive the penalty fees. Thank you.

Sincerely,


Brad Settel