


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90042 036 \*\*\*150.00

<b>DOCUMENT # 818021</b>			
1. Entity Name CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE			
Principal Place of Business CUMMINGS INC. 200 12TH AVENUE SOUTH NASHVILLE, TN 37203		Mailing Address CUMMINGS INC. 200 12TH AVENUE SOUTH NASHVILLE, TN 37203	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	VPA Delete <input checked="" type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, THOMAS L. I	NAME	
STREET ADDRESS	1079 STONEBRIDGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN, TN 37069	CITY-ST-ZIP	
TITLE	V Delete <input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, ROBERT E.	NAME	
STREET ADDRESS	2306 RACQUETCLUB DR	STREET ADDRESS	
CITY-ST-ZIP	MURFREESBORO, TN 37130	CITY-ST-ZIP	
TITLE	V Delete <input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNETT, BRUCE	NAME	
STREET ADDRESS	813 FIRESIDE CIR	STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD, TN 37027	CITY-ST-ZIP	
TITLE	S Delete <input type="checkbox"/>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, ERNIE JR.	NAME	McDaniel, Jr., F. E.
STREET ADDRESS	200 12TH AVE. SOUTH	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 37203	CITY-ST-ZIP	
TITLE	P Delete <input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, STEPHEN R	NAME	
STREET ADDRESS	200 12TH AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 37203	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address, with another like empowered.			
SIGNATURE: <i>F. E. McDaniel, Jr.</i>		Date: 3/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (615) 244-5555	