## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #818021** 

## FILED Mar 28, 2005 8:00 am Secretary of State 03-28-2005 90042 036 \*\*\*150.00

| 1. Entity Name CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE   |  |                        |                                |                     |  |   |                     |                                       |                 |            |
|--|--|------------------------|--------------------------------|---------------------|--|---|---------------------|---------------------------------------|-----------------|------------|
|  |  |                        |                                |                     | WI IS  | ]                                       |                     |                                       |                 |            |
| Principal Place of Business  |  | Mailing                | Address                        |                     | ~~~  | 7                                       |                     |                                       | _               |            |
| CUMMINGS INC.  |  | CUMN                   | AINGS INC.                     |                     |  | 1                                       |                     |                                       |                 |            |
| 200 12TH AVENUE SOUTH  |  | 200 12TH AVENUE SOUTH  |                                |                     |  |   |                     |                                       |                 |            |
| NASHVILLE, TN 37203  |  | NASHVILLE, TN 37203    |                                |                     | 1 (88)21 (818) (1                                | (C) (C)))                               |                     |                                       |                 |            |
|  |  |                        |                                |                     |  |   |                     |                                       |                 |            |
| 2. Principal P   | lace of Business   | 3. Mailing Address *** |                                |                     |  |   |                     |                                       |                 |            |
|  |  |                        |                                |                     | 1  |   |                     |                                       |                 |            |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.    |                                |                     | 03162005   | Chg-P                                   | CR2E0               | 34 (10/03)                            |                 |            |
|  |  |                        |                                |                     | ļ  |   | <u> </u>            |                                       | ·               |            |
| City & State   |  | City & State           |                                |                     |  | 4. FEI Number                           |                     |                                       | 1               | plied For  |
|  |  | <del> </del>           |                                |                     |  | 62-0563567   Not Applicable             |                     |                                       |                 |            |
| Zip  | Country  | Zip                    |                                | Country             |  | 5. Certificate of                       | Status Desired      |                                       | \$8.75 Add      |            |
|  |  |                        | 1                              |                     |  | 1                                       |                     |                                       | Fee Require     | d          |
|  | 6. Name and Address of Current                             | Hegistered Agent       |                                |                     | ·  | 7. Name and Ad                          | ddress of New R     | egistered #                           | egnt            |            |
| CORPORATION SERVICE COMPANY  |  |                        |                                |                     | ·  |   |                     |                                       |                 |            |
|  | S STREET   |                        |                                |                     | Address (  | (P.O. Box Number is Not Acceptable)     |                     |                                       |                 |            |
|  | SSEE, FL 32301   |                        |                                |                     |  |   |                     | <u></u>                               |                 |            |
|  |  |                        |                                |                     |  |   |                     |                                       |                 | ]          |
|  |  | 175                    | a floatest                     | City                |  |   |                     | ····                                  | Zip Cod         |            |
|  |  |                        | 5                              | City                | Fig.   |   |                     | FL                                    | Zip Cou         | •          |
| 8. The above   | named entity submits this statement to                     | r the purpo            | ose of changing its            | egistered office    | or register                                      | red agent, or both,                     | in the State of Flo | rida. Lami                            | amiliar with,   | and accept |
| the obligations of registered agent.   |  |                        |                                |                     |  |   |                     |                                       |                 | 1          |
| CONTROL CO. (C. C.)  |  |                        |                                |                     |  |   |                     |                                       |                 |            |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable, [ ] [ ] [ ] [ (NOTE: Registered Agent signature required when reinstating)  DATE   |  |                        |                                |                     |  |   |                     |                                       |                 |            |
| The state of the s |  |                        |                                |                     |  |   |                     |                                       |                 |            |
| FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be   |  |                        |                                |                     |  |   |                     |                                       | - 1             |            |
|  | e NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.0 | . 1:-                  | Trust Fund Contr               |                     |  | led to Fees                             |                     | :                                     |                 |            |
|  |  |                        |                                |                     |  |   |                     | · · · · · · · · · · · · · · · · · · · |                 |            |
| 10.  |  | DIRECTOR               | RS a real material by a second | 11.                 | <del></del>                                      | ADDITIONS/CH                            | HANGES TO OFF       | CERS AND                              | DIRECTOR        | S IN 11    |
| TITLE  | VPA  |                        | Delete                         | TITLE               | 1  |   |                     |                                       | Change          | Addition   |
| NAME   | CUMMINGS, THOMAS L. I                                      |                        |                                | NAME                |  | न १६५६                                  | •                   |                                       |                 |            |
| STREET ADDRESS   | 1079 STONEBRIDGE DRIVE                                     | .,                     |                                | STREET ADDRESS      |  | 62-4                                    |                     |                                       |                 | ]          |
| CITY-ST-ZIP  | FRANKLIN, TN 37069   | 7                      |                                | CITY-ST-ZIP         |  |   |                     |                                       |                 | - 1        |
| TITLE  | V  |                        | ☐ Delete                       | TITLE               |  | ÷ 1111111111                            |                     |                                       | ☐ Change        | Addition   |
| NAME   | BOWMAN, ROBERT E   | ei ils                 | Programme and the second       | NAMÉ                |  | Rom                                     | •                   |                                       | _ ,             |            |
| STREET ADDRESS   | 2306 RACQUETCLUB DR  | -14"                   | 1                              | STREET ADDRESS      |  |   |                     |                                       |                 | ŀ          |
| CITY-ST-ZIP  | MURFREESBORO, TN 37130                                     | ?) <u>'</u>            | • 3a y                         | CITY-ST-ZIP         |  |   |                     |                                       |                 |            |
| TITLE  | V  |                        | ☐ Delete                       | TITLE               | <del>                                     </del> |   |                     |                                       | ☐ Change        | Addition   |
| NAME   | CORNETT, BRUCE   |                        | LI DEBEIG                      | NAME                | ,  | • |                     |                                       | ☐ Olizinge      | ☐ Addition |
| STREET ADDRESS   | 813 FIRESIDE CIR   | 87. 7                  |                                | STREET ADDRESS      |  |   |                     |                                       |                 | Į          |
| CITY-ST-ZIP  | BRENTWOOD, TN 37027  |                        | Service States                 | CITY-ST-ZIP,        |  |   | •                   |                                       |                 | - 1        |
|  |  | <del></del> .          | <u>\</u>                       |                     | · ·  |   |                     |                                       | <b></b>         |            |
| TITLE  | S MCDANIEL EDNIE ID  |                        | L Defete Communication         | IIILE'.             | 1  | McDaniel,                               | Ir F                | F                                     | X Change        | Addition   |
| NAME   | MCDANIEL, ERNIE JR.  | •                      |                                | NAME                |  | MCDanter,                               | JI., F.             | Ľ.                                    |                 | ]          |
| STREET ADDRESS   | 200 12TH AVE. SOUTH  | υţ                     | etra fo                        | STREET ADDRESS      |  |   |                     |                                       |                 | 1          |
| CITY+ST-ZIP  | NASHVILLE, TN 37203  | <u> </u>               | 4 1727                         | CITY-ST-ZIP         | <b>_</b>   |   | 1.00                |                                       |                 |            |
| TITLE  | P  | -749                   | Delete 🖟 👬                     |                     |  | 1 11 2                                  |                     | ,                                     | Change          | ☐ Addition |
| NAME   | KERR, STEPHEN R  | +;                     | The second of the              | NAME .              | _ 8.3  | (Helia 60).                             |                     |                                       |                 |            |
| STREET ADDRESS   | 200 12TH AVENUE SOUTH                                      | . * * *                | togen or gright                | , STREET ADDRESS    | 5.1  | ្នក + , កិត្ត <b>ា</b> ខ្ញុំ            | ì                   | ,                                     |                 |            |
| CITY-ST-ZIP  | NASHVILLE, TN 37203  |                        | *******                        | CITY-ST-ZIP         |  |   | <u></u>             |                                       | <u> </u>        |            |
| TITLE  |  |                        | Delete 1 4                     | ; inle              | -  | - 945                                   |                     |                                       | ☐ Change        | ☐ Addition |
| NAME   |  |                        | ا<br>1 میدند دو د              | , NAME              |  |   |                     |                                       |                 |            |
| STREET ADDRESS   |  |                        |                                | STREET ADDRESS      |  | \$ 100.5                                |                     |                                       |                 |            |
| CITY-ST-ZIP  | ·  |                        |                                | CITY-ST-ZIP _       |  | 634                                     |                     |                                       |                 |            |
| 12. I hereby   | certify that the information supplied with                 | this filing            | does not qualify for           | the exemption st    | ated in Se                                       | ection 1.19.07(3)(i).                   | Florida Statutes I  | further cer                           | tify that the i | nformation |
| 12. Thereby 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 haste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if  |  |                        |                                |                     |  |   |                     |                                       |                 |            |
| 0, 010 001   | portunition the receiver of preside employees              | owered to t            | or like empeyered              | and education by Cl | ימאנפי טטו                                       | i i iorida Statutes;                    | and mariny name     | appears i                             | A DIOUK. IU O   | DIOCKITIE  |