

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90017 010 \*\*\*150.00

**DOCUMENT # 818021**

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**

**00004917**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**62-0563567**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 VPA ☒ Delete  
NAME CUMMINGS, THOMAS L. I  
STREET ADDRESS 1079 STONEBRIDGE DRIVE  
CITY-ST-ZIP FRANKLIN, TN 37069

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

TITLE V ☐ Delete  
NAME BOWMAN, ROBERT E  
STREET ADDRESS 2306 RACQUETCLUB DR  
CITY-ST-ZIP MURFREESBORO, TN 37130

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

TITLE V ☐ Delete  
NAME CORNETT, BRUCE  
STREET ADDRESS 813 FIRESIDE CIR  
CITY-ST-ZIP BRENTWOOD, TN 37027

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

TITLE S ☒ Delete  
NAME MCDANIEL, F E JR  
STREET ADDRESS 200 12TH AVE. SOUTH  
CITY-ST-ZIP NASHVILLE, TN 37203

TITLE S ☒ Change ☐ Addition  
NAME Anthony Schofield  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME KERR, STEPHEN R  
STREET ADDRESS 200 12TH AVENUE SOUTH  
CITY-ST-ZIP NASHVILLE, TN 37203

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: *Anthony Schofield* Anthony Schofield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2006

(615) 244-5555

Date

Daytime Phone #