


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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03012006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
62-0563567

Applied For
 Not Applicable

City & State

Zip Country

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** **3-1-2006** **(615) 244-5555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #