2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # 818021

1. Entity Name
CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE

Principal Place of Business
4560 TROUSDALE DR
NASHVILLE, TN 37204

Mailing Address
4560 TROUSDALE DR
NASHVILLE, TN 37204

03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
STE 101
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000873911
04/10/08-80098-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BOWMAN, ROBERT E
STREET ADDRESS	2306 RACQUETCLUB DR
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	V
NAME	CORNETT, BRUCE
STREET ADDRESS	813 FIRESIDE CIR
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	S
NAME	SCHOFIELD, ANTHONY
STREET ADDRESS	4560 TROUSDALE DRIVE
CITY-ST-ZIP	NASHVILLE, TN. 37204
TITLE	P
NAME	KERR, STEPHEN R
STREET ADDRESS	4560 TROUSDALE DRIVE
CITY-ST-ZIP	NASHVILLE, TN 37204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3-26-08 615 244-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #