

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818021

FILED
Mar 03, 2009
Secretary of State

Entity Name: CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE

Current Principal Place of Business:

4560 TROUSDALE DR
NASHVILLE, TN 37204

New Principal Place of Business:

Current Mailing Address:

4560 TROUSDALE DR
NASHVILLE, TN 37204

New Mailing Address:

FEI Number: 62-0563567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BOWMAN, ROBERT E
Address: 2306 RACQUETCLUB DR
City-St-Zip: MURFREESBORO, TN 37130

Title: V () Delete
Name: CORNETT, BRUCE
Address: 813 FIRESIDE CIR
City-St-Zip: BRENTWOOD, TN 37027

Title: S () Delete
Name: SCHOFIELD, ANTHONY
Address: 4560 TROUSDALE DRIVE
City-St-Zip: NASHVILLE, TN 37204

Title: P () Delete
Name: KERR, STEPHEN R
Address: 4560 TROUSDALE DRIVE
City-St-Zip: NASHVILLE, TN 37204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY SCHOFIELD

S

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date