

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # F57326**

1. Entity Name  
**M.V. CUMMINGS ENGINEERS, INC.**

Principal Place of Business  
**6501 ARLINGTON EXPRESSWAY SUITE B-211  
 JACKSONVILLE, FL 32211**

Mailing Address  
**6501 ARLINGTON EXPRESSWAY SUITE B-211  
 JACKSONVILLE, FL 32211**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2155619** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KELLY, WAYNE C.  
 6501 ARLINGTON EXPRESSWAY SUITE B-211  
 JACKSONVILLE, FL 32211**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

000000623235  
 02/13/07-80056-024 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	CARNEY, LARRY M.
STREET ADDRESS	6501 ARLINGTON EXPRESSWY
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	P
NAME	KELLY, WAYNE C.
STREET ADDRESS	6501 ARLINGTON EXPRESSWY
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Wayne C. Kelly WAYNE C. Kelly 1/31/07 904-724-0660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #