

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G58450

1. Entity Name
CUMMINS VENTURES, INC.



Principal Place of Business
31624 TERRACE DRIVE
TAVARES, FL 32778 US

Mailing Address
31624 TERRACE DRIVE
TAVARES, FL 32778 US

FILED
04 NOV 12 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11092004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2331429

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

CUMMINS, GILBERT E., JR., ESQ.
31624 TERRACE DRIVE
TAVARES, FL 32778

7. Name and Address of New Registered Agent

Name
Florence K. Cummins
Street Address (P.O. Box Number is Not Acceptable)
31624 Terrace Drive

City Tavares FL Zip Code 32778

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 11/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE PVTs ☒ Delete
NAME CUMMINS, GILBERT E. JR.
STREET ADDRESS 31624 TERRACE DRIVE
CITY-ST-ZIP TAVARES, FL 32778

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS ☐ Change ☒ Addition
NAME Cummins, Florence K.
STREET ADDRESS 31624 Terrace Drive
CITY-ST-ZIP Tavares, FL 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400042698704
11/12/04--01061--021 **\$61.25

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

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

TITLE ☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: Florence K. Cummins Florence K. Cummins 11/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #