


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # G83598
1. Entity Name
T.A. CUMMINGS CONSTRUCTION CORPORATION



Principal Place of Business Mailing Address
224 WESTGATE ROAD **224 WESTGATE ROAD**
TARPON SPRINGS, FL 34689 **TARPON SPRINGS, FL 34688**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2369230 Not Applicable

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

6. Name and Address of Current Registered Agent
CUMMINGS, TIMOTHY A.
224 WESTGATE RD.
TARPON SPRINGS, FL 34688

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000489942
04/18/06-80035-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUMMINGS, TIMOTHY A. 224 WESTGATE RD. TARPON SPGS., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CUMMINGS, LYNDA C. 224 WESTGATE RD. TARPON SPGS., FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Lynda Cummins **LYNDA CUMMINGS** 3-14-06 725 938-1659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #