

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # J14034</b>	
1. Entity Name <b>CUMMINGS &amp; SNYDER, P.A.</b>	



FILED  
04 APR 30 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1004 DE SOTO PARK DRIVE  
P.O. BOX 589  
TALLAHASSEE, FL 32302**

Mailing Address  
**1004 DE SOTO PARK DRIVE  
P.O. BOX 589  
TALLAHASSEE, FL 32302**



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2667972</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**CUMMINGS, F. ALAN  
1004 DE SOTO PARK DRIVE  
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

**400036277484**

**05/13/04--01080--004 \*\*150.00**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STPD CUMMINGS, F. ALAN 1004 DESOTO PARK DRIVE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/04**  
Date

**850-878-3700**  
Daytime Phone #