

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M81956

Entity Name: CUMMINS & NAILOS, P.A.

FILED  
Jan 12, 2009  
Secretary of State

## Current Principal Place of Business:

803 E. DIXIE AVENUE  
LEESBURG, FL 34748

## New Principal Place of Business:

2215 CLUSTER OAK DR.  
SUITE 2  
CLERMONT, FL 34711

## Current Mailing Address:

P.O. BOX 491656  
LEESBURG, FL 34749

## New Mailing Address:

2215 CLUSTER OAK DR.  
SUITE 2  
CLERMONT, FL 34711

FEI Number: 59-2892266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CUMMINS, NORMAN C.  
803 E. DIXIE AVENUE  
LEESBURG, FL 34748 US

## Name and Address of New Registered Agent:

CUMMINS, NORMAN C.  
2215 CLUSTER OAK DR.  
SUITE 2  
CLERMONT, FL 34711 US

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: NORMAN C. CUMMINS

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CUMMINS, NORMAN C.,  
Address: 803 E. DIXIE AVENUE  
City-St-Zip: LEESBURG, FL 34748

Title: ST ( ) Delete  
Name: NAILOS, KRISTIN  
Address: 2215 CLUSTER OAK DR., STE 2  
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete  
Name: NAILOS, HEATH B  
Address: 2215 CLUSTER OAK DR., STE 2  
City-St-Zip: CLERMONT, FL 34711

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CUMMINS, NORMAN C  
Address: 2215 CLUSTER OAK DR., STE 2  
City-St-Zip: CLERMONT, FL 34711

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: NORMAN C. CUMMINS

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date