2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040420

City-St-Zip:

CANTONMENT, FL 32533 US

FILED Sep 09, 2004 Secretary of State

Entity Na	me: CUMMIN	GS MOVING COMPANY, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
8221 KIPL PENSACC	ING ST DLA, FL 32514		3357 COPTER RD. PENSACOLA, FL 325 ²	14	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
8221 KIPL PENSACC	ING ST DLA, FL 32514		7185 SCHWAB DR. PENSACOLA, FL 325	14	
FEI Number	: 59-3652390	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
7185 SCH	SS, KAREN S WAB DR DLA, FL 32504	US			
	e named entity : e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PM (CUMMINGS, S 7185 SCHWAE PENSACOLA, I	DRT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VTS (CUMMINGS, K 7185 SCHWAE PENSACOLA, I	DRT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DC (REMICK, BRIA 2051 HANDY R		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: KAREN S. CUMMINGS **VTS** 09/09/2004