



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90095 015 \*\*\*150.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # P01000066589</b><br>1. Entity Name<br><b>CUMMINGS CONSULTING INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>169 COQUINA KEY DR</b><br><b>ORMOND BEACH, FL 32176 US</b>   |  |   | Mailing Address<br><b>169 COQUINA KEY DR</b><br><b>ORMOND BEACH, FL 32176 US</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>73 SCRIBNER AVE</b><br>Suite, Apt. #, etc.<br><b>DEFUNIAK SPRINGS</b><br>City & State<br><b>FL</b><br>Zip<br><b>32435</b>   |  | 3. Mailing Address<br><b>73 SCRIBNER AVE.</b><br>Suite, Apt. #, etc.<br><b>DEFUNIAK SPRINGS</b><br>City & State<br><b>FL</b><br>Zip<br><b>32435</b> |   |  |  |
| Country <b>USA</b>   |  | Country <b>USA</b>  |   | 01052008 Chg-P CR2E034 (12/06)   |  |
| 4. FEI Number<br><b>NOT APPLICABLE</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CUMMINGS, JOSEPH PATRICK</b><br><b>169 COQUINA KEY DRIVE</b><br><b>ORMOND BEACH, FL 32176</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>JOSEPH PATRICK CUMMINGS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>73 SCRIBNER AVE</b><br>City <b>DEFUNIAK SPRINGS FL</b> Zip Code <b>32435</b> |  |  |
| 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.<br>SIGNATURE <u><i>Joseph Patrick Cummings</i></u> <b>JOSEPH PATRICK CUMMINGS</b> <b>1/7/08</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                 |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V/S<br>EISENHARD CUMMINGS, JULIE<br>169 COQUINAKEY DR<br>ORMOND BEACH, FL 32176    | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/T<br>CUMMINGS, JOSEPH PATRICK<br>169 COQUINA KEY DR<br>ORMOND BEACH, FL 32176    | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V/S<br>CUMMINGS, JULIE EISENHARD<br>73 SCRIBNER AVE.<br>DEFUNIAK SPRINGS, FL 32435 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/T<br>CUMMINGS, JOSEPH PATRICK<br>73 SCRIBNER AVE.<br>DEFUNIAK SPRINGS, FL 32435  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |
| 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: <u><i>Julie E. Cummings</i></u> <b>JULIE E. CUMMINGS V/P</b> <b>1/7/08</b> <b>850-428-1744</b><br><small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)</small>  |  |   |   |  |  |