

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90091 018 \*\*\*158.75

**DOCUMENT # P02000103826**

1. Entity Name

FRANK CUMMINS, INC.



Principal Place of Business

504 NW 12TH STREET  
HOMESTEAD FL 33030

Mailing Address

504 NW 12TH STREET  
HOMESTEAD FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2087298

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRACHER, DOUGLAS J  
317 N. KROME AVENUE  
HOMESTEAD FL 33030

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUMMINS, FRANK	
STREET ADDRESS	504 NW 12TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAPERLE, LEON R	
STREET ADDRESS	1942 NW 5 AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CUMMINS, WAYNE	
STREET ADDRESS	7501 KIRKBRIDGE DR.	
CITY-ST-ZIP	BELLEVILLE MI 48111	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CUMMINS, GEORGIA	
STREET ADDRESS	504 NW 12TH ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CUMMINS, GEORGIA	
STREET ADDRESS	504 NW 12TH ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINS, FRANK	
STREET ADDRESS	504 NW 12TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPERLE, LEON R.	
STREET ADDRESS	1942 NW 5 AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINS, WAYNE	
STREET ADDRESS	7501 KIRKBRIDGE DR.	
CITY-ST-ZIP	BELLEVILLE MI 48111	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Frank Cummins* FRANK CUMMINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/04

Date

305-505-2365

Daytime Phone #