


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000103826</b> 1. Entity Name <b>FRANK CUMMINS, INC.</b>					
Principal Place of Business <b>504 NW 12TH STREET HOMESTEAD FL 33030</b>			Mailing Address <b>504 NW 12TH STREET HOMESTEAD FL 33030</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>54-2087298</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PRACHER, DOUGLAS J 317 N. KROME AVENUE HOMESTEAD FL 33030</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State</b>			S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
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			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.		
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>CUMMINS, FRANK</b> STREET ADDRESS <b>504 NW 12TH STREET</b> CITY - ST - ZIP <b>HOMESTEAD FL 33030</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>U00000773539</b> STREET ADDRESS <b>09/07/07-80002-023</b> CITY - ST - ZIP <b>150.00</b>		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>LAPERLE, LEON R</b> STREET ADDRESS <b>1742 SW 5 AVE</b> CITY - ST - ZIP <b>HOMESTEAD FL 33030</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
<b>SIGNATURE: <i>Leon R. Laperle</i> <b>LEON R. LAPERLE V.P.</b> <b>9-4-07</b> <b>305-498-0294</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					