2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State

					. ,		м. у ч	<i>)</i>	
DOCUMENT # P03000122153 1. Entity Name CUMMINGS SCOREBOARD SERVICES, INC.					04-28-2005 90195 024 ***150.00				
Principal Place of Business Mailing Address					1				
1216 5TH ST W PALMETTO, FL 34221		1216 5TH ST W PALMETTO, FL 34221							
						# 2 12 12 13 14 15 15 15 15 15 15 15		FB) (1881 81188 18	188) (I 188)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03112005	Chg-P	CR2E	34 (10/03)	_
City & State		City & State			4. FEI Number 20-078			_ -	plied For t Applicable
Zip	Country Zip Cou		Country		5. Certificate	of Status Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent		, • · · ·	7. Name and	Address of New	Registered	•	
		, , , <u> </u>	Nan	ne -					
1216 5TH	SS, KEVIN L ST W O, FL 34221		Stre	et Address (P.O. Box Numb	er is Not Acceptab	ile)		
. , , , , , , , , , , , , , , , , , , ,	0,120121								
			City				FL	Zip Code	9
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered offic	e or register	ed agent, or bo	h, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent s	ignature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai Trust Fund Cont		\$ 5 . Add	.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS,	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLE					Change	Addition
NAME	CUMMINGS, KEVIN L		NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRI	ESS					
TITLE			TITLE					[] (hees	D Addision
NAME	CUMMINGS, SHERRI L	L Detete	NAME	ŀ				☐ Change	Addition .
STREET ADDRESS	1216 5TH ST W		STREET ADDR	ESS					
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP						
TITLE	s	☐ Delete	TITLE					☐ Change	Addition
NAME SYNEY ADDRESS				1					
STREET ADDRESS CITY-ST-ZIP	CUMMINGS, CHAD R		NAME						
	1216 5TH ST W		STREET ADDR	ESS					
	1216 5TH ST W PALMETTO, FL 34221	☐ Doloko	STREET ADDRI CITY-ST-ZIP	ESS	1 1. 1			Channe	Addition
TITLE	1216 5TH ST W	☐ Deleie	STREET ADDR	FSS	1 1/1/1/2			☐ Change	☐ Addition
TITLE	1216 5TH ST W PALMETTO, FL 34221 T	☐ Delete	STREET ADDRI CITY-ST-ZIP TITLE					☐ Change	☐ Addition
TITLE NAME	1216 5TH ST W PALMETTO, FL 34221 T CUMMINGS, MATTHEW R	☐ Delete	STREET ADDRI CITY-ST-ZIP TITLE NAME					☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	1216 5TH ST W PALMETTO, FL 34221 T CUMMINGS, MATTHEW R 1216 5TH ST W	☐ Delete	STREET ADDRI CITY-ST-ZIP TITLE NAME STREET ADDRI CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	1216 5TH ST W PALMETTO, FL 34221 T CUMMINGS, MATTHEW R 1216 5TH ST W		STREET ADDRI CITY-ST-ZIP TITLE NAME STREET ADDRI CITY-ST-ZIP TITLE NAME	ESS					
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	1216 5TH ST W PALMETTO, FL 34221 T CUMMINGS, MATTHEW R 1216 5TH ST W		STREET ADDRI CITY-ST-ZIP TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS					
TITLE NAME STREET ADDRESS GIY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1216 5TH ST W PALMETTO, FL 34221 T CUMMINGS, MATTHEW R 1216 5TH ST W	☐ Delete	STREET ADDR CITY-ST-ZIP TITLE MAME STREET ADDR CITY-ST-ZIP TITLE MAME STREET ADDR CITY-ST-ZIP	ESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	1216 5TH ST W PALMETTO, FL 34221 T CUMMINGS, MATTHEW R 1216 5TH ST W		STREET ADDRI CITY-ST-ZIP TITLE MAME STREET ADDRI CITY-ST-ZIP TITLE MAME STREET ADDRI STREET ADDRI	ESS					

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 Irustee 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF CER OR DIRECTOR

807-0732