


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000007549 1. Entity Name CAROLYN DAVIS CUMMINGS, P.A.	
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FILED

06 MAY -1 PM 3: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 462 W BREVARD ST TALLAHASSEE, FL 32301	Mailing Address 462 W BREVARD ST TALLAHASSEE, FL 32301
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



05012006 Chg-P CR2E034 (11/05)

4. FEI Number 41-2121968	Applied For
	Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, CAROLYN D
462 W BREVARD ST
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

#00074862048
05/19/06--01026--011 **150.00

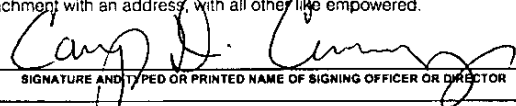
10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	CUMMINGS, CAROLYN D	
STREET ADDRESS	462 W BREVARD ST	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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:  Date 5/1/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR