

2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-14-2005 90103 034 ***150.00
P04000071619

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DOCUMENT # P04000071619					
1. Entity Name THERESA CUMMINGS INC					
Principal Place of Business P O BOX 16712 JACKSONVILLE, FL 32246 US			Mailing Address P O BOX 16712 JACKSONVILLE, FL 32246 US		
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 20-1051097	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CUMMINGS, THERESA 3045 PEACH DR JACKSONVILLE, FL 32246			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 remitting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CUMMINGS, THERESA P O BOX 6712 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 _____ President 3-11-2005					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

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JULY 11 2005

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FLORIDA 32314**

**RE: THERESA CUMMINGS INC
P04000071619**

SIRS:

**PLEASE NOTE A COPY OF YOUR "NOTICE OF INTENT TO
DISSOLVE".**

**ALSO, PLEASE NOTE A COPY OF MY CANCELED CHECK #518
IN THE AMOUNT OF \$150.00 WHICH WAS CASHED BY YOU ON
MARCH 14, 2005.**

**PLEASE CORRECT YOUR RECORDS. THANK YOU FOR YOUR
SERVICE.**

**THERESA CUMMINGS
THERESA CUMMINGS, INC
P.O. BOX 16712
JACKSONVILLE FLORIDA 32245**