


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90010 031 ***150.00

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| DOCUMENT # P04000071619 |  |
| 1. Entity Name THERESA CUMMINGS INC | |

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|---|---|
| Principal Place of Business P O BOX 16712 JACKSONVILLE, FL 32246 US | Mailing Address P O BOX 16712 JACKSONVILLE, FL 32246 US |
|---|---|

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 20-1051097 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

**CUMMINGS, THERESA
3045 PEACH DR
JACKSONVILLE, FL 32246**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST CUMMINGS, THERESA P O BOX 6712 JACKSONVILLE, FL 32246 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR CUMMINGS, THERESA P O BOX 16712 JACKSONVILLE, FL 32246 |
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IN THIS SPACE**

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 as an attachment with an address, with all other like empowered.

SIGNATURE:  **President** **2-20-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #