## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 03, 2008 8:00 am Secretary of State

ANNUAL REPORT				····	Secretary of State			
DOCUMENT # P07000067638					04-03-2008 90020 015 ***150.00			
1. Entity Name								
CUMMINGS ENTERPRISE INC.				劃				
				7				
Principal Place of Business Mailing Address				40057	812			
		18718 ALEXSON STREET		40000	0.2.~			
SPRING HILL	, FL 34610 US	SPRING HILL, FL 34610	US .					
Principal Place of Business - No P.O. Box #		3. Mailing Address 13035 Starboard Court		:t				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numb	er 0318166	-   - <del> </del>	oplied For ot Applicable	
Zip	Country	Hudson, FL	Country		of Status Desired	□ \$8.75 Add		
	6. Name and Address of Current	34667-1725	Pasco —		Address of New R	Fee Require	d	
b. Name and Address of Current Registered Agent			Name	7. Name and	Address of New R	egistered Agent		
CUMMINGS, RONALD E			Street Address	ec (P.O. Box Numb	or in Not Accordable	<u></u>		
18718 ALEXSON STREET SPRING HILL, FL 34610			Siledi Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	e	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required				uired when reinstating)	<u> </u>	DATE	<del></del>	
·- · ·	11				) <del></del>			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.(	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.	ADDITIONS	CHANCES TO OFF	ICERS AND DIRECTORS	0.151.44	
1/TLE	PTD	□ Detete	TITLE	ADDITIONS	CHANGES TO OFF	Change	Addition	
NAME	CUMMINGS, RONALD E		NAME					
STREET ADDRESS CITY-ST-ZIP	18718 ALEXSON STREET SPRING HILL, FL 34610		STREET ADDRESS CITY-S1-ZIP					
TITLE	VSD VSD	☐ Delete	TITLE		<del></del>	Change	☐ Addition	
NAME	REID, DENNIS A	□ beiote	NAME			☐ change		
STREET ADDRESS CITY-ST-ZIP	13035 STARBOARD COURT HUDSON, FL 34667		STREET ADDRESS CITY-ST-ZIP					
TITLE	11000011,72 04007	☐ Delete	TITLE			Change	☐ Addition	
NAME			NAME				, Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE			Change	☐ Addition	
NAME		— - <del></del>	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME		_ 0,000	NAME			Orange		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip					
TITLE	<del></del>	☐ Delete	TITLE			Change	☐ Addition	
NAME		_ 5400	NAME			Change	L AUGUUT	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 frustge empowered to execute this report as reodired 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: \_

SANTATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE Presidul

3-31-08

Daytime Phone #