

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000081388

Entity Name: CUMMINGS INSURANCE, INC.

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

28467 US HWY 19 NORTH
SUITE 302
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

28467 US HWY 19 NORTH
SUITE 302
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 59-3213088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, JOHN L
3663 CENTRAL AVE
SAINT PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUMMINGS, RICHARD R
Address: 3897 DRAYTON WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: VPST () Delete
Name: CUMMINGS, LAURA
Address: 3897 DRAYTON WAY
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD R. CUMMINGS

PRES

04/09/2007

Electronic Signature of Signing Officer or Director

Date