

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000076566

1. Entity Name

CUMMINGS, HOBBS & WALLACE, P.A.



Principal Place of Business

462 WEST BREVARD STREET
TALLAHASSEE, FL 32301 US

Mailing Address

462 W. BREVARD ST.
TALLAHASSEE, FL 32301 US

FILED

04 APR 30 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3337213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CUMMINGS, CAROLYN D
462 WEST BREVARD STREET
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CUMMINGS, CAROLYN D
STREET ADDRESS 5005 TOURAINE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VP
NAME HAYNES, BARBARA K
STREET ADDRESS 2865 ARENDELL WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ST
NAME WALLACE, ANGELA
STREET ADDRESS 747 VIOLET STREET
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600035788166
05/07/04--01096--022 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #