


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90186 030 ***150.00

DOCUMENT # V60574 1. Entity Name HAROLD CUMMINS PAINTING CONTRACTOR, INC.	
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Principal Place of Business 3562 WOODS WALK BLVD LAKE WORTH, FL 33467	Mailing Address 3562 WOODS WALK BLVD LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0354533	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
**CUMMINS, HAROLD
3562 WOODS WALK BLVD
LAKE WORTH, FL 33467**

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUMMINS, HAROLD 3562 WOODS WALK BLVD LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REUBEN, STANLEY <i>Remove</i> 624 HIGHLAND DRIVE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CUMMINS, PAUL 43 W. PINETREE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUMMINS, RUBY 3562 WOODS WALK BLVD. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: *Harold Cummins* 3-27-2007 967-7720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Harold Cummins