

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000007549

**Entity Name:** CAROLYN DAVIS CUMMINGS, P.A.

**Current Principal Place of Business:**

462 W BREVARD ST  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

462 W BREVARD ST  
TALLAHASSEE, FL 32301

**FEI Number:** 41-2121968

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CUMMINGS, CAROLYN D  
462 W BREVARD ST  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title PST  
Name CUMMINGS, CAROLYN D  
Address 462 W BREVARD ST  
City-State-Zip: TALLAHASSEE FL 32301

Title VP  
Name CUMMINGS, CORNELL TERRELL DR.  
Address 462 W BREVARD ST  
City-State-Zip: TALLAHASSEE FL 32301

*I hereby 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 all other like empowered.*

**SIGNATURE:** CAROLYN D. CUMMINGS

**ATTORNEY**

**04/29/2025**

Electronic Signature of Signing Officer/Director Detail

Date