

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000089383

**Entity Name:** ALBERT CUMMINGS ENTERPRISES, INC.**Current Principal Place of Business:**1607- 16TH AVE E  
PALMETTO, FL 34221**Current Mailing Address:**3565 S COUNTY ROAD 663  
ONA, FL 33865-7702 US**FEI Number:** 65-0626731**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUMMINGS, ALBERT JR  
3565 S COUNTY ROAD 663  
ONA, FL 33865-7702 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	PD
Name	CUMMINGS, JESSIE
Address	3565 S COUNTY ROAD 663
City-State-Zip:	ONA FL 33865-7702

Title	VPD
Name	CUMMINGS, DWAYNE
Address	3565 S COUNTY ROAD 663
City-State-Zip:	ONA FL 33865-7702

Title	SD
Name	CUMMINGS, ALBERT JR.
Address	3565 S COUNTY ROAD 663
City-State-Zip:	ONA FL 33865-7702

Title	TD
Name	CUMMINGS, ALBERT SR.
Address	3565 S COUNTY ROAD 663
City-State-Zip:	ONA FL 33865-7702

*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:** ALBERT CUMMINGS JR

SD

04/26/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date