

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G83598

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: T.A. CUMMINGS CONSTRUCTION CORPORATION

**Current Principal Place of Business:**

224 WESTGATE ROAD  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

224 WESTGATE ROAD  
TARPON SPRINGS, FL 34688

**Current Mailing Address:**

224 WESTGATE ROAD  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

FEI Number: 59-2369230      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CUMMINGS, TIMOTHY A.  
224 WESTGATE RD.  
TARPON SPRINGS, FL 34688      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: DP ( ) Delete  
Name: CUMMINGS, TIMOTHY A.,  
Address: 224 WESTGATE RD.  
City-St-Zip: TARPON SPGS., FL

Title: DTS ( ) Delete  
Name: CUMMINGS, LYNDA C.,  
Address: 224 WESTGATE RD.  
City-St-Zip: TARPON SPGS., FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: CUMMINGS, TIMOTHY A.,  
Address: 224 WESTGATE RD.  
City-St-Zip: TARPON SPGS., FL 34688

Title: DTS (X) Change ( ) Addition  
Name: CUMMINGS, LYNDA C.,  
Address: 224 WESTGATE RD.  
City-St-Zip: TARPON SPGS., FL 34688

I hereby certify that the information supplied with this filing does not qualify 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: LYNDA C CUMMINGS

S/T

04/07/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date