## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G77040

Entity Name: H.A. CUMBER, INC.

**FILED** Apr 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.

10100 W. SAMPLE RD. #205 10100 W. SAMPLE ROAD CORAL SPRINGS, FL 33065

SUITE 205

CORAL SPRINGS, FL 33065

**Current Mailing Address: New Mailing Address:** 

10100 W. SAMPLE RD. #205 10100 W. SAMPLE ROAD

CORAL SPRINGS, FL 33065 SUITE 205

CORAL SPRINGS, FL 33065

FEI Number: 59-2346170 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CUMBER, AFTAB A CUMBER, AFTAB A 10100 WÉST SAMPLE ROAD #205 10100 WÉST SAMPLE ROAD

CORAL SPRINGS, FL 33065 SUITE 205

CORAL SPRINGS, FL 33065 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: AFTAB CUMBER 04/15/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

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

Title: ( ) Delete () Change () Addition

CUMBER, AFTAB A. Name: Name: 10100 WEST SAMPLE RD #205 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip:

( ) Delete Title: VSTD Title: () Change () Addition

Name: CUMBER.GUL A. Name: 10100 WEST SAMPLE RD #205 Address: Address: CORAL SPRINGS, FL 33065 City-St-Zip: City-St-Zip:

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: AFTAB CUMBER **PRES** 04/15/2009