



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90065 011 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P31493 1. Entity Name CUMBERLAND ENVIRONMENTAL SERVICES, INC. | | | |  | |
| Principal Place of Business 5349 HWY 280 S. BIRMINGHAM, AL 35242 | | | Mailing Address 3225 CUMBERLAND BLVD. STE. 100 ATLANTA, GA 30339 | | |
| 2. Principal Place of Business - No P.O. Box # 635 Park Ave. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Moody, AL | | City & State | | 4. FEI Number 58-1273327 | |
| Zip 35004 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS GURA, PHILIP P 3225 CUMBERLAND BLVD, STE. 100 ATLANTA, GA 30339 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TCAS DUMBACHER, ROBERT J 3225 CUMBERLAND BLVD, STE 100 ATLANTA, GA 30339 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCBRAYER, MAX E JR 3225 CUMBERLAND BLVD STE. 100 ATLANTA, GA 30339 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JOHNSON, JAMES RAY 5349 HWY 280 S. BIRMINGHAM, AL 35242 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VASD LENKER, MAX 3225 CUMBERLAND BLVD, STE 100 ATLANTA, GA 30339 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOLCH, SUSAN B 3225 CUMBERLAND BLVD, STE. 100 ATLANTA, GA 30339 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Philpot, Floyd 635 Park Ave. Moody, AL 35004 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 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: Robert J. Dumbacher  3/1/07 770-431-7600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |