

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040150

Entity Name: CUMM PARTNERS, INC.

FILED
May 14, 2009
Secretary of State

Current Principal Place of Business:

779 SW 13 COURT
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

779 SW 13 COURT
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0919257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMMINGS, HILDAMAR
272 E WILDWOOD LN
DEERFIELD BEACH, FL 33442 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUMMINGS, HILDAMAR
Address: 272 E WILDWOOD LN
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: CUMMINGS, KEITH
Address: 526 E WILDWOOD LN
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: CUMMINGS, HOWARD
Address: 272 E WILDWOOD LN
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: CUMMINGS, CHRIS
Address: 1534 VER ACRUZ LANE
City-St-Zip: WESTON, FL 33323

Title: D () Delete
Name: CUMMINGS, PHILLIP
Address: 12103 NW 19 ST
City-St-Zip: FORT LAUDERDALE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: HOWARD CUMMINGS

DIRE

05/14/2009

Electronic Signature of Signing Officer or Director

Date