## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000073685

1. Entity Name

ZUMMA AND ASSOCIATES, CORP.



FILED Mar 12, 2008 08:00 AN Secretary of State

Principal Place of Business

11146 S.W. 5 STREET SWEETWATER, FL 33174 US Mailing Address

11146 S.W. 5 STREET SWEETWATER, FL 33174

3174 US



03082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0941677 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE A 11146 S.W. 5 STREET SWEETWATER, FL 33174

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its reg	gistered	office or re	igistered agent, or bo	oth, in the State of Flo	rida. I am familiar i	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agont and title	of applicable (NOTE, Re	egintered A	gent signature	required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		. 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees,		\$5.00 May Be	000000856408 03/28/08-80011-003 150.00			
10. TITLE NAME STREET ADDRESS CITY ST ZIP	OFFICERS AND DIRE P/D RODRIGUEZ, JOSE A 11146 S.W. 5 STREET SWEETWATER, FL 33174	CTORS /		· .			: : : : : : : : : : : : : : : : : : : :	**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS OHY-ST-ZIP					DO	NOT W	R!TE	· ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-7IP							·	

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 of 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: >

TITLE NAME STREET ADDRESS CITY-ST-ZIP

IRE AND TYPED OR FRINTED NAME OF BIGHING OFFICER OR DIRECTOR

03/05/08

1786) 586-885