

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53003

FILED
Mar 15, 2007
Secretary of State

Entity Name: CUMBERLAND ASSOCIATES, INC.

Current Principal Place of Business:

514 FRANK SHAW RD
TALLAHASSEE, FL 32312

New Principal Place of Business:

1400 VILLAGE SQUARE BLVD
TALLAHASSEE, FL 32312

Current Mailing Address:

514 FRANK SHAW RD
TALLAHASSEE, FL 32312

New Mailing Address:

102 CHUKKARS DR.
THOMASVILLE, GA 31792

FEI Number: 59-3067745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANDLER, PORTER
536 FRANK SHAW RD
TALLAHASSEE, FL 32312 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: PD () Delete
Name: SINGLETARY, RICHARD,
Address: 102 CHUKKARS DRIVE
City-St-Zip: THOMASVILLE, GA 31792 US

Title: VD () Delete
Name: CHANDLER, PORTER E.,
Address: 536 FRANK SHAW RD
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: RICHARD SINGLETARY

PD

03/15/2007

Electronic Signature of Signing Officer or Director

Date