2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State
08-10-2004 90003 050 ***550.00

DOCUMENT # S94652

1. Entity Name
CUMBERLAND TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
4311 WEST WATERS AVE STE 401 TAMPA, FL 33614 US	4311 WEST WATERS AVE STE 401 TAMPA, FL 33614 US

DO NOT WRITE IN THIS SPACE

07162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3094503
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOSEPH M.
4311 W. WATERS AVE.
SUITE 501
TAMPA, FL 33614

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, FRANCIS M.
STREET ADDRESS	1501 2ND AVENUE EAST
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	PT
NAME	WILLIAMS, JOSEPH M.
STREET ADDRESS	4311 W WATERS AVE STE 401
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D
NAME	FINN, R DONALD
STREET ADDRESS	371 DREW AVENUE
CITY-ST-ZIP	BUFFALO, NY 14214
TITLE	S
NAME	BLACK, CAROL S
STREET ADDRESS	4311 W WATERS AVE STE 401
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D
NAME	COHEN, ANDREW
STREET ADDRESS	1313 DREW ST
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Resigned 2-16-04

Resigned 2-15-04

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ JOSEPH M. WILLIAMS 7-16-04 (813)889-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #