

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90116 035 ***150.00

DOCUMENT # S94652

1. Entity Name

CUMBERLAND TECHNOLOGIES, INC.



Principal Place of Business

4311 WEST WATERS AVE
STE 401
TAMPA FL 33614
US

Mailing Address

4311 WEST WATERS AVE
STE 401
TAMPA FL 33614
US

2. Principal Place of Business

4311 W. WATERS AVENUE
Suite, Apt. #, etc.
SUITE 401

3. Mailing Address

4311 W. WATERS AVENUE
Suite, Apt. #, etc.
SUITE 401

City & State

TAMPA, FL 33614

City & State

TAMPA, FL 33614

Zip

Country

Zip

Country

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, FRANCIS M.	
STREET ADDRESS	1501 2ND AVENUE EAST	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	PT	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOSEPH M.	
STREET ADDRESS	4311 W WATERS AVE STE 401	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLACK, CAROL S	
STREET ADDRESS	4311 W WATERS AVE STE 401	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

(Signature)

JOSEPH M. WILLIAMS 4/27/05 (813) 889-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #