2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM DOCUMENT # P02000080350 **Secretary of State** 1. Entity Name BRAD COOMBS & ASSOCIATES, INC. Principal Place of Business ... Mailing Address 381 NW 95 AVENUE 381 NW 95 AVENUE PLANTATION FL 33324 PLANTATION FL 33324 2. Francipal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 52-2370156 Not Applicat: Country Zίο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name COOMBS, ROBERT BRAD Street Address (P.O. Box Number is Not Acceptable) **381 NW 95 AVENUE** PLANTATION FL 33324 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. 02/14/06-00016-018 150.00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable fNOTE Registered Agent signature record when reinstating! DATE FILE NOW!!! FEE IS \$150,00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete RILLE ☐ Change Addition COOMBS, ROBERT B NAME NAME STREET ADDRESS 381 NW 95TH AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33324 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-202 TITLE ☐ Detete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CCCY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Addition TITLE ☐ Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete DDE ☐ Change Addition NAME HEART STREET ADDRESS STREET ADDRESS City-St-ZIF CITY-SY-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-70 CITY-S1-ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or symplemental 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 on 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 the empowered.

SIGNATURE:

SUPPLIES

SUPPLIES