

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90072 047 ***150.00

DOCUMENT # P98000018722

1. Entity Name
COOMBES & ALVAREZ, INCORPORATED



Principal Place of Business
**1932 HARBOURSIDE DR.
APT 232
LONGBOAT KEY, FL 34228 US**

Mailing Address
**P.O. BOX 8160
LONGBOAT KEY, FL 34228 US**

20017454



2. Principal Place of Business
5451 EXUMA PLACE
Suite, Apt. #, etc.

3. Mailing Address
5451 EXUMA PLACE
Suite, Apt. #, etc.

02162005 Chg-P CR2E034 (10/03)

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
52-1806278

Applied For
Not Applicable

Zip Country
34233 USA

Zip Country
34233 USA

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

6. Name and Address of Current Registered Agent

**COOMBES, ELIZABETH D
1932 HARBOURSIDE DR
APT 232
LONGBOAT KEY, FL 34228**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5451 EXUMA PLACE
City **SARASOTA** **FL** Zip Code **34233**

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 *Elizabeth D. Coombes*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/28/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **COOMBES, ELIZABETH D**
STREET ADDRESS **P.O. BOX 8160**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE STCD ☐ Delete
NAME **COOMBES, ELIZABETH D**
STREET ADDRESS **P O BOX 8160**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5451 EXUMA PLACE**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **5451 EXUMA PLACE**
CITY-ST-ZIP **SARASOTA, FL 34233**

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TITLE ☐ Change ☐ 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: *Elizabeth D. Coombes* *Elizabeth Coombes* *2/28/05* *941-320-2640*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #