2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State
04-29-2005 90227 003 ***150.00

DOCUMENT # 318806

1. Entity Name
COMBS FISH COMPANY

4/

Principal Place of Business	Mailing Address
1302 FIFTH AVE S NAPLES, FL 33942-3434	1302 FIFTH AVE S NAPLES, FL 33942-3434

DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1171232
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCGILL,KELLY
1302 5TH AVE S
NAPLES, FL 33942

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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 $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ELLIS, KELLY C
STREET ADDRESS	1302 5TH AVE SOUTH
CITY-ST-ZIP	NAPLES, FL 00000,
TITLE	V
NAME	WHITE, JEAN G
STREET ADDRESS	1555 PELICAN AVENUE
CITY-ST-ZIP	NAPLES, FL 00000,
TITLE	PD
NAME	MCGILL, KELLY
STREET ADDRESS	1302 5TH AVENUE SOUTH
CITY-ST-ZIP	NAPLES, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Kelly C Ellis 5-23-05 239-774-0494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #