


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

2008 JAN 16 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 456341 1. Entity Name MCCOMBS ELECTRICAL CO., INC.	
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Principal Place of Business 604 CANAL ST P O BOX 3656 MILTON, FL 32572-0656	Mailing Address P O BOX 3656 P O BOX 3656 MILTON, FL 32572 US
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DO NOT WRITE IN THIS SPACE

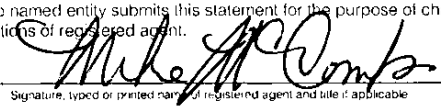


01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1558043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MOORHEAD, STEPHEN R. 700 S PALAFOX ST STE 3C PENSACOLA, FL PENSACOLA, FL 32501
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DO NOT WRITE  
IN THIS SPACE

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: 	(NOTE: Registered Agent signature required when constituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD MCCOMBS, MICHAEL 5702 LAKESIDE CT MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VT MCCOMBS, JACK 5081 CANAL STREET MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S MCCOMBS, TERESSA 5702 LAKESIDE COURT MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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100116368821  
01/29/08--01039--017 \*\*288.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 40 or Block 41 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Expiring Date
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