

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 686647

1. Entity Name
HOLCOMB COMPANY, INC.



Principal Place of Business
12311 KIRBY SMITH ROAD
ORLANDO, FL 32832

Mailing Address
12311 KIRBY SMITH ROAD
ORLANDO, FL 32832

2. Principal Place of Business - No P.O. Box #
12311 Kirby Smith Rd
Suite, Apt. #, etc.

3. Mailing Address
12311 Kirby Smith Rd
Suite, Apt. #, etc.

City & State
Orlando Florida
Zip
32832
Country
USA

City & State
Orlando Florida
Zip
32832
Country
USA

04202011 Chg-P CR2E034 (11/08)

4. FEI Number
59-2064816
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CANTY, LYNN
12311 KIRBY SMITH ROAD
ORLANDO, FL 32832

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, 2011 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
CANTY, LYNN
12311 KIRBY SMITH ROAD
ORLANDO, FL 32832 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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000203223270
04/20/11--01005--017 ***150.00

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☐ Change ☐ Addition

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 10 or Block 11 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
Lynn Canty

Date
5-4-11

Daytime Phone #
407-6582626

FILED
11 MAY -6 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

