

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90182 033 ***150.00

DOCUMENT # G78383

1. Entity Name
COMBINED BUSINESS ENTERPRISES, INCORPORATED



Principal Place of Business Mailing Address
323 432 SUMMERS CREEK DR **323 432 SUMMERS CREEK DR**
MERRITT ISLAND, FL 32952 US **MERRITT ISLAND, FL 32952 US**

50022368



2. Principal Place of Business 3. Mailing Address
323 Summers Creek Drive **323 Summers Creek Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State City & State
Merritt Island / FL **Merritt Island / FL**

4. FEI Number Applied For
59-2871507 Not Applicable

Zip Country Zip Country
32952 USA **32952 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, KENNETH J.
1936 LEE RD #270
WINTER PARK, FL 32789

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, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
FAIR, N. BRUCE
432 SUMMERS CREEK DR
MERRITT ISLAND, FL 32952

☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
323 Summers Creek Dr.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
FAIR, CAROLE
432 SUMMERS CREEK DR
MERRITT ISLAND, FL 32952

☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
323 Summers Creek Dr.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Bruce Fair

2/28/05

Date

321 459 2626

Daytime Phone #