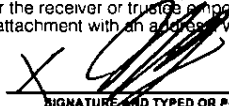


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # H03725 1. Entity Name JUSTER HOLCOMB & ASSOCIATES, INC.		
Principal Place of Business 4830 W KENNEDY BLVD, 130 TAMPA, FL 33609	Mailing Address 4830 W KENNEDY BLVD, 130 TAMPA, FL 33609	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALLEN, C. STEPHEN ESQ 3606 SWANN AVE TAMPA, FL 33609		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 _____ 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000781560 01/15/08-80038-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUSTER, FLOYD P 4922 LYFORD CAY ROAD TAMPA, FL 33629	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLCOMB, J. SCOTT 2214 S. OCCIDENT ST TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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		1/11/08 813-289-8679 Date Daytime Phone #