

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M92752

Entity Name: COMBS HOMES, INC.

FILED  
Apr 25, 2005  
Secretary of State

**Current Principal Place of Business:**

12 SPORTSMAN TERRACE  
ROTUNDA, FL 33947 US

**New Principal Place of Business:**

298 ROTONDA CIRCLE  
ROTONDA WEST, FL 33947 US

**Current Mailing Address:**

12 SPORTSMAN TERRACE  
ROTUNDA, FL 33947 US

**New Mailing Address:**

298 ROTONDA CIRCLE  
ROTONDA WEST, FL 33947 US

FEI Number: 65-0068503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMBS, DAVID  
12 SPORTSMAN TERRACE  
ROTONDA WEST, FL 33947 US

**Name and Address of New Registered Agent:**

COMBS, DAVID  
298 ROTONDA CIRCLE  
ROTONDA WEST, FL 33947 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/25/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: COMBS, DAVID,  
Address: 12 SPORTSMAN TERRACE  
City-St-Zip: ROTONDA WEST, FL 33947

Title: TV ( ) Delete  
Name: COMBS, DAVID,  
Address: 12 SPORTSMAN TERRACE  
City-St-Zip: ROTONDA WEST, FL 33947

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: COMBS, DAVID,  
Address: 298 ROTONDA CIRCLE  
City-St-Zip: ROTONDA WEST, FL 33947

Title: TV (X) Change ( ) Addition  
Name: COMBS, DAVID,  
Address: 298 ROTONDA CIRCLE  
City-St-Zip: ROTONDA WEST, FL 33947

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COMBS

Electronic Signature of Signing Officer or Director

TV

04/25/2005

Date