

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008910

1. Entity Name
KOMBIT C.R.E.O.L.E. INC.



Principal Place of Business
2624 SHARPSBURG CT
MIDDLEBURG, FL 32068

Mailing Address
2624 SHARPSBURG CT
MIDDLEBURG, FL 32068



03312004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARNWINE, DOROTHY S
2624 SHARPSBURG CT
MIDDLEBURG, FL 32068

**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

Filing Fee is \$61.25
Due by May 1, 2004

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
CEOP
ARNWINE, DOROTHY S
2624 SHARPSBURG CT
MIDDLEBURG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ARNWINE, ED. D., PATRICK O DR.
2624 SHARPSBURG CT
MIDDLEBURG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ST. JUSTE, SHIRLEY
534 CODY CT
ORANGE PARK, FL 32078

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0000013850R
04/29/04-80084-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy S Arnwine* **Dorothy S Arnwine** **4/26/04** **(904) 541-0061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #