2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005679

FILED Mar 31, 2009 Secretary of State

Entity Name: COMBEE RODEO ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 7225 LAKE LOWRY RD HAINES CITY, FL 33844 **Current Mailing Address: New Mailing Address:** P.O. BOX 4341 HAINES CITY, FL 33845 FEI Number: 20-4492672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, CHRISTOPHER 7225 LAKE LOWRY RD HAINES CITY, FL 33844 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BROWN, CHRISTOPHER Name: Name: Address: 7225 LAKE LOWRY RD Address: HAINES CITY, FL 33844 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition MATTHEWS, CODY Name: Name: GOODWIN, TIGER Address: 451 MAYAGUEZ RD Address: PO BOX 232 City-St-Zip: POLK CITY, FL 33868 City-St-Zip: HOMELAND, FL 33847 Title: () Delete Title: () Change () Addition BROWN, JUDY Name: Name: 7225 LAKE LOWRY ROAD Address: Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY BROWN SD 03/31/2009