

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N23044

1. Entity Name
FLORIDA COMBINED SPECIALTIES, INC.



Principal Place of Business
**9945 - 60TH ST
PINELLAS PARK, FL 33782**

Mailing Address
**9945 - 60TH ST
PINELLAS PARK, FL 33782**



03292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOTH, KAREN
9945 - 60TH ST
PINELLAS PARK, FL 33782**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000378406
04/14/08-80054-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, CHUCK 1018 HAYMARKET DR. LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTO, SANDRA 5602 CHURCH ST. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUNSEY, IRENE 6402 W. KNIGHTS-GRIFFIN ROAD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOTH, KAREN 9945 - 60TH ST PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Karen L. Toth Karen L. Toth 4-1-08 727-541-3223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #