

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007463

Entity Name: WALLY COMBS, P.A.

FILED  
Apr 04, 2009  
Secretary of State

## Current Principal Place of Business:

14925 SE 25TH AVE.  
SUMMERFIELD, FL 34491

## New Principal Place of Business:

11893 SE 74TH TERRACE  
BELLEVIEW, FL 34420

## Current Mailing Address:

14925 SE 25TH AVE.  
SUMMERFIELD, FL 34491

## New Mailing Address:

11893 SE 74TH TERRACE  
BELLEVIEW, FL 34420

FEI Number: 65-0983971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMBS, DANIELLE  
14925 SE 25TH AVE.  
SUMMERFIELD, FL 34491 US

## Name and Address of New Registered Agent:

COMBS, WALLY  
11893 SE 74TH TERRACE  
BELLEVIEW, FL 34420 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: WALLY COMBS

04/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: COMBS, WALLY  
Address: 14925 SE 25 AV  
City-St-Zip: SUMMERFIELD, FL 34491

Title: SEC' ( ) Delete  
Name: COMBS, DANIELLE  
Address: 14925 SE 25TH AVENUE  
City-St-Zip: SUMMERFIELD, FL 34491

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: COMBS, WALLY  
Address: 11893 SE 74TH TERRACE  
City-St-Zip: BELLEVIEW, FL 34420

Title: SEC (X) Change ( ) Addition  
Name: COMBS, MADISON  
Address: 14925 SE 25TH AVENUE  
City-St-Zip: SUMMERFIELD, FL 34491

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLY COMBS

O

04/04/2009

Electronic Signature of Signing Officer or Director

Date