2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P00000083313

Entity Name: COMBASS & DAVIS CORPORATION

Current Principal Place of Business:

3410 CRIBBS DR
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

3410 CRIBBS DR
MULBERRY, FL 33860

New Mailing Address:

4195 FOREST DRIVE
MULBERRY, FL 33860

FEI Number: 59-3667764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMBASS, JAMES L
3410 CRIBBS DR
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

COMBASS, JAMES L
4195 FOREST DRIVE
MULBERRY, FL 33860 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: _____ 04/28/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: COMBASS, JAMES L
Address: 3410 CRIBBS DR
City-St-Zip: MULBERRY, FL 33860

Title: S ( ) Delete
Name: COMBASS, PATRICIA A
Address: 3410 CRIBBS DR
City-St-Zip: MULBERRY, FL 33860

Title: VP ( ) Delete
Name: BARNETT, LACRESHA L
Address: 4570 FOREST DRIVE
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: COMBASS, JAMES L
Address: 4195 FOREST DRIVE
City-St-Zip: MULBERRY, FL 33860

Title: S (X) Change ( ) Addition
Name: COMBASS, PATRICIA A
Address: 4195 FOREST DRIVE
City-St-Zip: MULBERRY, FL 33860

Title: ( ) Change ( ) Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L COMBASS DPT 04/28/2008
Electronic Signature of Signing Officer or Director — Date