

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059471

Entity Name: D. A. COMBS, INC.

FILED  
Mar 15, 2011  
Secretary of State

**Current Principal Place of Business:**

19651 HUBER ROAD  
FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

19651 HUBER ROAD  
FORT MYERS, FL 33917

**New Mailing Address:**

FEI Number: 65-1116037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKIPPER, ANITA C  
5601 8TH STREET W  
STE 2  
FT MYERS, FL 33971 US

**Name and Address of New Registered Agent:**

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:**

Title: P  
Name: COMBS, DELBERT A  
Address: 19651 HUBER ROAD  
City-St-Zip: FORT MYERS, FL 33917

Title: TS  
Name: COMBS, NIOKA  
Address: 19651 HUBER ROAD  
City-St-Zip: FORT MYERS, FL 33917

I hereby 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 all other like empowered.

SIGNATURE: NIOKA COMBS

TS

03/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date