FILED Feb 09, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

Sadra S. Helconfoe

ANNUAL REPURI						-09-2006 900.	30 013 *****	150.00		
DOCUMENT # P02000001821 1. Entity Name SANDI HOLCOMBE CONSULTING SERVICES, INC.					## F	i Let				
Principal Place of Business Mailing Address					ag get a					
58 ROSEDOWN BLVD 58 ROSEDOWN BLVD				Ì		•				
DEBARY, FL 32713 DEBARY, FL 32713				Ì						
Principal Place of Business 3. Mailing Address										
Suite, Apt. 4	,	3. Mailing Address	Suite, Apt. #, etc.			-				
City & State	·	<u> </u>	City & State		01242006 4. FEI Number	Chg-P	CR2E034 (11/05) Applied For			
Zip	Country		Zip Country			01-0548133 Not Applicable				
247	in		0007.1.	.,	5. Certificate o	Status Desired		Required	Ollan	
	6. Name and Address of Curren		7. Name and Address of New Registered Agent							
	e marketing	Name	SMALLEY & COMPANY, P.L.							
HOLCOMBE, SANDRA S				Street Address (P.O. Box Number is Not Acceptable)						
58 ROSEDOWN BLVD DEBARY, FL 32713				1517 E. HILLCREST STREET						
DEDART, I	1									
				City - C	Zip Code					
		CINORLANDO			32803					
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 age	ad Ageni signature required when reinstating)			1/26/06					
	Spraine, typed or privating or registered age	THE BOTO HOW IN ADDRESSORS. [PROTEST	veditin er	a when shugged adme	o when revisiting)		UNIE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campaig Trust Fund Contril			0.00 May Be ded to Fees					
10.		D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	RECTORS	IN 11	
TITLE	P	Delete	TITLE	£ }				Change	☐ Addition	
NAME	HOLCOMBE, SANDRA S		NAM	· 1					1	
STREET ADDRESS CITY-S1-ZIP	58 ROSEDOWN BLVD DEBARY, FL 32713			ET ADDRESS -ST-ZIP					į.	
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CITY-ST-ZIP	DEBARY, FL 32713			-ST-ZIP					}	
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CITY-ST-ZIP	<u></u>		CIT	Y-SI-ZIP						
12. I hereby	certify that the information supplied	with this filing does not qualify fo	or the ex	xemptions contain	ed in Chapter 119), Florida Statutes.	I further certify	that the i	nformation	
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 reduct as required by Chapter 607, 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: Marche 01/25/06 386-753-0504										
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