


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90020 026 ***150.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # P02000001821 1. Entity Name SANDI HOLCOMBE CONSULTING SERVICES, INC. | | | |  | |
| Principal Place of Business 58 ROSEDOWN BLVD DEBARY, FL 32713 | | | Mailing Address 58 ROSEDOWN BLVD DEBARY, FL 32713 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01212008 Chg-P CR2E034 (12/06) | |
| 4. FEI Number 01-0548133 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SMALLEY & COMPANY, PA 1517 EAST HILLCREST STREET ORLANDO, FL 32803 | | | 7. Name and Address of New Registered Agent Name SMALLEY & COMPANY PL Street Address (P.O. Box Number is Not Acceptable) 1517 E. HILLCREST STREET City ORLANDO FL Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HOLCOMBE, SANDRA S 58 ROSEDOWN BLVD DEBARY, FL 32713 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HOLCOMBE, CHRIS A 58 ROSEDOWN BLVD DEBARY, FL 32713 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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 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: <i>Sandra S. Holcombe</i> SANDRA S. Holcombe 1-25-08 <i>President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |

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