

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90121 045 \*\*\*150.00

**DOCUMENT # P02000107804**

1. Entity Name

**SUFFOLK PROPERTY, INC.**



Principal Place of Business

**5029 US 19 SOUTH  
NEW PORT RICHEY FL 34652**

Mailing Address

**5029 US 19 SOUTH  
NEW PORT RICHEY FL 34652**



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

1st MOORE

CR2E034 (10/07)

4. FEI Number **41-2063267**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMBS, JAMES  
5029 US19 S  
NEW PORT RICHEY FL 34652**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **DUNN, RACHEL**  
STREET ADDRESS **12810 WILLOW DALE WAY**  
CITY-STATE-ZIP **HUDSON FL 34667**

TITLE **TVP** ☐ Delete  
NAME **COMBS, STEVEN**  
STREET ADDRESS **13117 SHADBERRY LANE**  
CITY-STATE-ZIP **HUDSON FL 34667**

TITLE **C** ☐ Delete  
NAME **COMBS, JOANN M**  
STREET ADDRESS **6035 SEARANCH DRIVE UNIT 502**  
CITY-STATE-ZIP **HUDSON FL 34667**

TITLE **P** ☐ Delete  
NAME **COMBS, JAMES**  
STREET ADDRESS **6035 SEA RANCH DR., UNIT 502**  
CITY-STATE-ZIP **HUDSON FL 34667**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition  
NAME **C COMBS, JOANN M**  
STREET ADDRESS **5029 US19 S**  
CITY-STATE-ZIP **NEW PORT RICHEY FLA. 34652**

TITLE ☒ Change ☒ Addition  
NAME **P5 COMBS, JAMES**  
STREET ADDRESS **5029 US19 S**  
CITY-STATE-ZIP **NEW PORT RICHEY FLA. 34652**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/08 727-847-2570**

Date

Daytime Phone #