

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000116957

1. Entity Name
COMBO REAL ESTATE AND BUSINESS DEVELOPMENT
CORP.



Principal Place of Business
1403A MYRTLE AVENUE
CLEARWATER, FL 33755

Mailing Address
1403A MYRTLE AVENUE
CLEARWATER, FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004

Chg-P

CR2E034 (10/03)

4. FEI Number

APPLIED FOR 14-1882073

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, CHARLIE
1403A MYRTLE AVENUE
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HARRIS, CHARLIE
STREET ADDRESS 1403A MYRTLE AVENUE
CITY-STATE-ZIP CLEARWATER, FL 33755

TITLE VO ☐ Delete
NAME BARROW, BUBA
STREET ADDRESS 7461 OAK STREET AVENUE
CITY-STATE-ZIP CLEARWATER, FL 33755

TITLE D ☐ Delete
NAME BRANDT, MARK M
STREET ADDRESS 595 MAIN STREET
CITY-STATE-ZIP DUNEDIN, FL 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Change ☐ Addition
NAME 600041569506
STREET ADDRESS 10/04/04--01034--002 **550.00
CITY-STATE-ZIP

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

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

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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 exemption stated in Section 119.07(3)(i), 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:

CHARLIE HARRIS

9/29/04 (727) 445-9330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone