2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90339 038 ***150.00

DOCUMENT # P03000001831

1. Entity Name
COMBEE LAW FIRM, P.A.

Principal Place of Business

Mailing Address
P.O. BOX 2061
AUBURNDALE, FL 33823 US

400270308954

04192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 345 W. Davidson Street, Suite 202
Suite, Apt. #, etc.
City & State: Bartow, FL
Zip: 33830 Country: USA

3. Mailing Address: P.O. Box 1071
Suite, Apt. #, etc.
City & State: Bartow, FL
Zip: 33831 Country: USA

4. FEI Number: 11-3670690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COMBEE, CATHERINE L

7. Name and Address of New Registered Agent
Name: Catherine L. Combee
Street Address (P.O. Box Number is Not Acceptable): 345 West Davidson Street, Suite 202
City: Bartow FL Zip Code: 33831

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] 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 COMBEE, CATHERINE L	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Combee, Catherine L. 345 W. Davidson Street, Suite 202 Bartow, FL 33831 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/27/04 863.519.0314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #