

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90086 005 ***150.00

DOCUMENT # P03000020956

1. Entity Name
COMBS REPORTING SERVICES, INC.



Principal Place of Business
**908 CASTLE PINES COURT
MELBOURNE, FL 32940 US**

Mailing Address
**908 CASTLE PINES COURT
MELBOURNE, FL 32940 US**

2. Principal Place of Business
4030 Caparosa Circle
Suite, Apt. #, etc.

3. Mailing Address
4030 Caparosa Circle
Suite, Apt. #, etc.



01262004 Chg-P CR2E034 (10/03)

City & State
Melbourne FL
Zip **32940** Country **USA**

City & State
Melbourne FL
Zip **32940** Country **USA**

4. FEI Number Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**COMBS, LAURIE A
908 CASTLE PINES COURT
MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4030 Caparosa Circle
City **Melbourne** State **FL** Zip Code **32940**

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 \$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

TITLE **D** ☐ Delete
NAME **COMBS, LAURIE A**
STREET ADDRESS **908 CASTLE PINES COURT**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **C,P** ☐ Delete
NAME **COMBS, LAURIE A**
STREET ADDRESS **908 CASTLE PINES COURT**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **T,S** ☐ Delete
NAME **COMBS, LAURIE A**
STREET ADDRESS **908 CASTLE PINES COURT**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/04 321-253-1236