

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020956

FILED  
Mar 30, 2012  
Secretary of State

**Entity Name:** COMBS REPORTING SERVICES, INC.

**Current Principal Place of Business:**

2622 KUMQUAT DRIVE  
EDGEWATER, FL 32141 US

**New Principal Place of Business:**

**Current Mailing Address:**

2622 KUMQUAT DRIVE  
EDGEWATER, FL 32141 US

**New Mailing Address:**

**FEI Number:** 56-2320476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMBS-DELOACH, LAURIE A  
2622 KUMQUAT DRIVE  
EDGEWATER, FL 32141 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** COMBS-DELOACH, LAURIE A  
**Address:** 2622 KUMQUAT DRIVE  
**City-St-Zip:** EDGEWATER, FL 32141 US

**Title:** C,P  
**Name:** COMBS-DELOACH, LAURIE A  
**Address:** 2622 KUMQUAT DRIVE  
**City-St-Zip:** EDGEWATER, FL 32141 US

**Title:** T,S  
**Name:** COMBS-DELOACH, LAURIE A  
**Address:** 2622 KUMQUAT DRIVE  
**City-St-Zip:** EDGEWATER, FL 32141 US

**Title:** CEO  
**Name:** COMBS-DELOACH, LAURIE A CEO  
**Address:** 2622 KUMQUAT DRIVE  
**City-St-Zip:** EDGEWATER, FL 32141 US

**Title:** CEO  
**Name:** COMBS-DELOACH, LAURIE A CEO  
**Address:** 2622 KUMQUAT DRIVE  
**City-St-Zip:** EDGEWATER, FL 32141 US

**Title:** CEO  
**Name:** COMBS-DELOACH, LAURIE A CEO  
**Address:** 2622 KUMQUAT DRIVE  
**City-St-Zip:** EDGEWATER, FL 32141 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LAURIE COMBS-DELOACH

CEO

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date