

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000027436**

1. Entity Name  
**KINGBUSTER TOURNAMENTS, INC.**



Principal Place of Business      Mailing Address

**13051 BEACH BLVD  
STE 300  
JACKSONVILLE, FL 32246**

**13051 BEACH BLVD  
STE 300  
JACKSONVILLE, FL 32246**



**DO NOT WRITE IN THIS SPACE**

02172005      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**75-3107682**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COMBS, ROGER L  
13051 BEACH BLVD  
STE 300  
JACKSONVILLE, FL 32246**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMBS, DONALD 13051 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRBY, CLAYTON 13051 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COMBS, ROGER 13051 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, ERES 13051 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000260808  
03/12/05-80039-007 150.00

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:** *Roger L Combs*      3/12/05      904-992-9926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #