

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132217

FILED
Sep 15, 2005
Secretary of State

Entity Name: COMBS INSURANCE AGENCY, INC.

Current Principal Place of Business:

37 N. ORANGE AVE., SUITE 710
ORLANDO, FL 32801

New Principal Place of Business:

731 VASSAR STREET
SUITE 100
ORLANDO, FL 32804 US

Current Mailing Address:

37 N. ORANGE AVE., SUITE 710
ORLANDO, FL 32801

New Mailing Address:

731 VASSAR STREET
SUITE 100
ORLANDO, FL 32804 US

FEI Number: 20-1637581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KILLGORE, FRANK H JR.
2 SOUTH ORANGE AVE., 5TH FLOOR
ORLANDO, FL 32801 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: COMBS, MARK
Address: 4521 LENMORE STREET
City-St-Zip: ORLANDO, FL 32812 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARK COMBS

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09/15/2005

Electronic Signature of Signing Officer or Director

Date