

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132217

FILED
May 16, 2007
Secretary of State

Entity Name: COMBS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1201 NORTH ORLANDO AVENUE
SUTIE 380
WINTER PARK, FL 32789 US

Current Mailing Address:

1201 NORTH ORLANDO AVENUE
SUITE 380
WINTER PARK, FL 32789 US

FEI Number: 20-1637581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

New Principal Place of Business:

1201 NORTH ORLANDO AVENUE
SUTIE 410
WINTER PARK, FL 32789 US

New Mailing Address:

1201 NORTH ORLANDO AVENUE
SUITE 410
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

P

05/16/2007

Electronic Signature of Signing Officer or Director

Date