


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90075 043 ***150.00

DOCUMENT # P05000063507					
1. Entity Name COMBS MASONRY INC					
Principal Place of Business 800 BAY RD #1 MOUNT DORA, FL 32757			Mailing Address 800 BAY RD #1 MOUNT DORA, FL 32757		
2. Principal Place of Business - No P.O. Box # 3041 Stratford Ln.		3. Mailing Address 3041 Stratford Ln.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Mount Dora, FL		City & State Mount Dora, FL		4. FEI Number 20-2766404	
Zip 32757		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COMBS, ROBERT G JR 128 W CHESLEY AVE EUSTIS, FL 32726			7. Name and Address of New Registered Agent Name Dawn M. Mansfield Street Address (P.O. Box Number is Not Acceptable) 3041 Stratford Ln. City Mount Dora FL Zip Code 32757		
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 <u>Dawn M. Mansfield</u> DATE 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME COMBS, ROBERT G JR STREET ADDRESS 128 W CHESLEY AVE CITY-ST-ZIP EUSTIS, FL 32726	<input type="checkbox"/> Delete		TITLE P NAME Combs, Robert G. Jr. STREET ADDRESS 16270 SE 92nd Ave CITY-ST-ZIP Summerfield, FL 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP NAME Dawn M. Mansfield STREET ADDRESS 3041 Stratford Ln. CITY-ST-ZIP Mount Dora, FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Robert G. Combs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/30/07 <small>Daytime Phone #</small>		