


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90010 020 ***150.00

DOCUMENT # P06000134138 1. Entity Name KYLE HOLCOMB STUMPING INC.																																																							
Principal Place of Business 17493 NW CR 12 BRISTOL, FL 32321			Mailing Address 17493 NW CR 12 BRISTOL, FL 32321																																																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 		4. FEI Number 14-1977120 Applied For <input type="checkbox"/> Not Applicable																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07232008 Chg-P CR2E034 (12/06)																																																			
6. Name and Address of Current Registered Agent HOLCOMB, KYLE 17493 NW CR 12 BRISTOL, FL 32321			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																				
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>Kyle Holcomb CEO</u> DATE <u>7-22-08</u> <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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>CEO</td> <td>HOLCOMB, KYLE</td> <td>17493 NW CR 12</td> <td></td> </tr> <tr> <td></td> <td></td> <td>BRISTOL, FL</td> <td>32321</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete		CEO	HOLCOMB, KYLE	17493 NW CR 12				BRISTOL, FL	32321		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
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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>Kyle Holcomb CEO</u> <u>7-22-08</u> <u>850643.4379</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																							

40112126

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Document Number P06000134138
Business Entity Name KYLE HOLCOMB STUMPING INC.
Prior notice was Not Received
FEI Number 141977120
FEI Number Status
Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 17493 NW CR 12
City, State BRISTOL, FL
Zip Code & Country 32321

Mailing Address

Address 17493 NW CR 12
City, State BRISTOL, FL
Zip Code & Country 32321

Name And Address of Registered Agent

Name (Last, First, Middle, Title) HOLCOMB, KYLE
Address 17493 NW CR 12
City, State BRISTOL, FL
Zip Code & Country 32321 US

Correspondence E-mail Address

E-mail address to whom correspondence should be e-mailed

E-mail Address BAD2BNISS@YAHOO.COM

Officer/Director Name And Address

Name And Address #1

Title CEO

ATTACHMENT

40112126
#P06000134138

Name (Last, First, Middle, Title) HOLCOMB, JEFFERY , K, SR.

Street Address 17493 NW CR 12

City, State BRISTOL, FL

Zip Code & Country 32321

Title CEO

Officer/Director Signature JEFFERY K. HOLCOMB SR.

Continue