## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000136244

Entity Name: COMBS FAMILY INC.

FILED Jan 11, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

2409 HWY. 92 EAST LAKELAND, FL 33801 US

Current Mailing Address: New Mailing Address:

2409 HWY. 92 EAST 448 ISLEBAY DRIVE

LAKELAND, FL 33801 US APOLLO BEACH, FL 33572 US

FEI Number: 20-5817250 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301 US

COMBS, CARL D PRES.

448 ISLEBAY DRIVE

APOLLO BEACH, FL 33572 US

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: CARL D COMBS 01/11/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete Title: PRES (X) Change ( ) Addition Name: COMBS, CARL D Name: COMBS, CARL D P/TREA.

 Name:
 COMBS, CARL D
 Name:
 COMBS, CARL D P/TREA.

 Address:
 2409 HWY, 92 EAST
 Address:
 448 ISLEBAY DRIVE

 City-St-Zip:
 LAKELAND, FL 33801 US
 City-St-Zip:
 APOLLO BEACH, FL 33572 US

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 COMBS, LIVIA A VP/SEC.

 Address:
 Address:
 448 ISLEBAY DRIVE

 City-St-Zip:
 City-St-Zip:
 APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL D. COMBS PRES 01/11/2007