

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90002 007 \*\*\*150.00

<b>DOCUMENT # P07000026972</b> 1. Entity Name <b>ELECTRI-COM BY PATRICK COMBS, INC.</b>			
Principal Place of Business <b>3423 E. COUNTY RD. #329</b> <b>ANTHONY, FL 32617</b>		Mailing Address <b>3423 E. COUNTY RD. #329</b> <b>ANTHONY, FL 32617</b>	
2. Principal Place of Business - No P.O. Box # <b>3423 NE CR 329</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 472</b> Suite, Apt. #, etc.	
City & State <b>Anthony, FL</b> Zip <b>32617</b>		City & State <b>Sparr, FL</b> Zip <b>32192</b>	
Country <b>Marion</b>		Country <b>Marion</b>	
4. FEI Number <b>62-1710213</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC.</b> <b>2731 EXECUTIVE PARK DR., STE. 4</b> <b>WESTON, FL 33331</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>COMBS, PATRICK E.</b> <b>P.O. BOX 472</b> <b>SPARR, FL 32192</b> <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	DVT <b>COMBS, KIMBERLEY I.</b> <b>P.O. BOX 472</b> <b>SPARR, FL 32192</b> <input type="checkbox"/> Delete	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.			
<b>SIGNATURE:</b>		<b>2-22-08</b> <b>352-368-7860</b> <small>Date Daytime Phone #</small>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			