


FILED

Mar 08, 2005 08:01
Secretary of Sta

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P21992 1. Entity Name COOMBES PROPERTIES INC.	
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Principal Place of Business 53 S. MAIN ST FREEPORT, NY 11520	Mailing Address P.O. BOX 177 BONDI JUNCTION NSW 2022 AUSTRALIA,
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U00000255940
03/08/05-80036-023 150.00



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2931211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIG, HUNTER B
201 S.E. 24TH AVENUE
POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

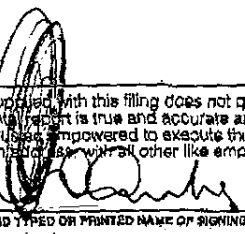
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOMBES, PETER C. 15 QUEENS AVE. VAUCLUSE NSW 2030 AUSTRALIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOMBES, HELENE 15 QUEENS AVE. VAUCLUSE NSW 2030 AUSTRALIA,
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 identical or similar other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



PETER C. COOMBES

3/2/2005 (02) 93896111