

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90232 005 \*\*\*150.00

20043746



04182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P93000054154</b> 1. Entity Name <b>MOMBEE, INC.</b>					
Principal Place of Business <b>600 BENNING DRIVE DESTIN, FL 32541 US</b>			Mailing Address <b>600 BENNING DR DESTIN, FL 32541 US</b>		
2. Principal Place of Business <b>874 Hwy 98 E</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Destin, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>59-3193657</b>	
Zip <b>32541</b>		Country <b>OKaloosa</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SUMMERS, ROBERT L 220 MOUNTAIN DR — address change → DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent  Name <b>Summers, Robert L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 Benning Dr</b>  City <b>Destin</b> <b>FL</b> Zip Code <b>32541</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SUMMERS, ROBERT L 220 MOUNTAIN DR DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Summers, Robert L. 600 Benning Dr Destin, FL 32541
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SUMMERS, VELDA 220 MOUNTAIN DR DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Summers, Velda 600 Benning Dr. Destin, FL 32541
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Velda Summers VP Velda Summers VP 4-20-05 850-837-4709</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					