

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000034257

FILED
Jan 16, 2006
Secretary of State

Entity Name: DAVE COMBS' TRIM OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

13875 TANGERINE BLVD
ROYAL PALM BEACH, FL 33412

New Principal Place of Business:

13875 TANGERINE BLVD
WEST PALM BEACH, FL 33412

Current Mailing Address:

13875 TANGERINE BLVD
ROYAL PALM BEACH, FL 33412

New Mailing Address:

13875 TANGERINE BLVD
WEST PALM BEACH, FL 33412

FEI Number: 65-0675511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMBS, DAVID
13875 TANGERINE BLVD
ROYAL PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

COMBS, DAVID
13875 TANGERINE BLVD
WEST PALM BEACH, FL 33412 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:

01/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COMBS, DAVID
Address: 13875 TANGERINE BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33412

Title: VP () Delete
Name: COMBS, LORI
Address: 13875 TANGERINE BLVD
City-St-Zip: ROYAL PALM BCH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COMBS, DAVID
Address: 13875 TANGERINE BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VP (X) Change () Addition
Name: COMBS, LORI
Address: 13875 TANGERINE BLVD
City-St-Zip: WEST PALM BCH, FL 33412

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: DAVID COMBS

P

01/16/2006

Electronic Signature of Signing Officer or Director

Date