

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000007093

1. Entity Name
COMBS ENTERPRISES OF SARASOTA, INC.



Principal Place of Business
**4961 BUCHANAN PLACE
SARASOTA, FL 34231**

Mailing Address
**4961 BUCHANAN PLACE
SARASOTA, FL 34231**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0806181** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCGINNESS, W. LEE
1800 SECOND STREET
SUITE 971
SARASOTA, FL 34236**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000381456
01/11/06-80054-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SNYDER, GARY LEE**
STREET ADDRESS **4961 BUCHANA PL**
CITY - ST - ZIP **SARASOTA, FL 34231**

TITLE **VP**
NAME **BUTLER, STEVEN**
STREET ADDRESS **3107 LOCKWOOD TERR**
CITY - ST - ZIP **SARASOTA, FL 34231**

TITLE **ST**
NAME **SNYDER, ANNETTE**
STREET ADDRESS **4961 BUCHANAN PLACE**
CITY - ST - ZIP **SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 life empowered.

SIGNATURE:

Annette L. Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06
Date

941-921-1478
Daytime Phone #