

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2004 08:00 AM

Secretary of State

DOCUMENT # P98000076333

1. Entity Name

MCCOMB MANAGEMENT, INC.



Principal Place of Business

5565 GULF STREAM STREET  
TAVARES FL 32778

Mailing Address

5565 GULF STREAM STREET  
TAVARES FL 32778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3535060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCOMB DUNSTAN, MARY LEE  
5565 GULF STREAM STREET  
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MCCOMB DUNSTEN, MARY LEE  
STREET ADDRESS 5565 GULF STREAM STREET  
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☐ Delete  
NAME MCCOMB, JOSEPH ALLEN  
STREET ADDRESS 3901 BLACKBERRY LANE  
CITY-ST-ZIP NORTHPORT AL 35473

TITLE D ☐ Delete  
NAME MCCOMB, PETER STUART  
STREET ADDRESS 5025 MAGNOLIA RIDGE ROAD  
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE D ☐ Delete  
NAME MCCOMB, JOHN WALKER  
STREET ADDRESS 1201 WALKER RAE RUN  
CITY-ST-ZIP JONESVILLE NC 28642

TITLE D ☐ Delete  
NAME MCCOMB, DAVID FRAMPTON  
STREET ADDRESS 747 CROSS HILL ROAD  
CITY-ST-ZIP COLUMBIA SC 29205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000000062617  
02/23/04-80129-018 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

Mary Lee Dunstan Mary Lee Dunstan

2-16-04

(352) 742-0448