

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90026 039 ***150.00

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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**

40005280



1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

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

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, 2005 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 ☐ Delete
NAME **D**
STREET ADDRESS **MCCOMB DUNSTEN, MARY LEE**
CITY-ST-ZIP **5565 GULF STREAM STREET
TAVARES FL 32778**

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1030 Walnut St.**
CITY-ST-ZIP **Gadsden, AL 35901**

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

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2005 (352) 742-0448
Date Daytime Phone #