


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P98000076333 1. Entity Name MCCOMB MANAGEMENT, INC. |  |
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| Principal Place of Business 5565 GULF STREAM STREET TAVARES, FL 32778 | Mailing Address 5565 GULF STREAM STREET TAVARES, FL 32778 |
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02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3535060 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MCCOMB DUNSTAN, MARY LEE 5565 GULF STREAM STREET TAVARES, FL 32778 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCOMB DUNSTAN, MARY LEE 5565 GULF STREAM STREET TAVARES, FL 32778 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCOMB, JOSEPH ALLEN 1030 WALNUT ST GADSDEN, AL 35901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCOMB, PETER STUART 5025 MAGNOLIA RIDGE ROAD FRUITLAND PARK, FL 34731 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCOMB, JOHN WALKER 1201 WALKER RAE RUN JONESVILLE, NC 28642 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCOMB, DAVID FRAMPTON 747 CROSS HILL ROAD COLUMBIA, SC 29205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>000000463790 03/21/06-80031-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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 like empowered.

SIGNATURE: Mary Lee Dunstan 3-4-06 (352) 742-0448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mary Lee Dunstan