2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P98000076333

Entity Name: MCCOMB MANAGEMENT, INC.

Current Principal Place of Business:

5565 GULF STREAM STREET
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

5565 GULF STREAM STREET
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3535060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCCOMB DUNSTEN, MARY LEE
Address: 5565 GULF STREAM STREET
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: MCCOMB, JOSEPH ALLEN
Address: 2137 ANTIETAN AVE
City-St-Zip: TUSCALOOSA, AL 35406

Title: D ( ) Delete
Name: MCCOMB, PETER STUART
Address: 5025 MAGNOLIA RIDGE ROAD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D ( ) Delete
Name: MCCOMB, JOHN WALKER
Address: 1201 WALKER RAE RUN
City-St-Zip: JONESVILLE, NC 28642

Title: D ( ) Delete
Name: MCCOMB, DAVID FRAMPTON
Address: 747 CROSS HILL ROAD
City-St-Zip: COLUMBIA, SC 29205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARY LEE MCCOMB DUNSTAN D 04/06/2009

Electronic Signature of Signing Officer or Director — Date