

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000075823

1. Entity Name
COMBS CONSULTING, INC.



Principal Place of Business
**2303 ATLANTIC BEACH BOULEVARD
FORT PIERCE, FL 34949-1504**

Mailing Address
**2303 ATLANTIC BEACH BOULEVARD
FORT PIERCE, FL 34949-1504**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0949663

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COMBS, BRIAN
2303 ATLANTIC BEACH BOULEVARD
FORT PIERCE, FL 34949-1504**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000925424
05/20/08-80066-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	COMBS, BRIAN
STREET ADDRESS	2303 ATLANTIC BEACH BOULEVARD
CITY-ST-ZIP	FORT PIERCE, FL 349491504
TITLE	VS
NAME	COMBS, KATHRYNE J
STREET ADDRESS	2303 ATLANTIC BEACH BOULEVARD
CITY-ST-ZIP	FORT PIERCE, FL 349491504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 like empowered.

SIGNATURE: *Kathryne J. Combs* **Kathryne J Combs** 4-25-08 772-465-0156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #