

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000086222

**Entity Name:** BRENDA M. COMBS, P.A.

**Current Principal Place of Business:**

2909 APPLING WOODS PLACE  
PLANT CITY, FL 33565

**Current Mailing Address:**

P. O. BOX 3267  
PLANT CITY, FL 33563 US

**FEI Number:** 20-5104129

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COMBS, BRENDA  
2909 APPLING WOODS PLACE  
PLANT CITY, FL 33565 US

*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

**Officer/Director Detail :**

Title P, VP  
Name COMBS, BRENDA M  
Address 2909 APPLING WOODS PLACE  
City-State-Zip: PLANT CITY FL 33565

Title S, T  
Name COMBS, BRENDA M  
Address 2909 APPLING WOODS PLACE  
City-State-Zip: PLANT CITY FL 33565

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRENDA M. COMBS

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date