

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 557556**

1. Entity Name  
**COMSTOCK LODGE, INC.**



Principal Place of Business

**603 POINSETTIA ST  
STUART, FL 34994**

Mailing Address

**603 POINSETTIA ST  
STUART, FL 34994**

**DO NOT WRITE IN THIS SPACE**



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-1799717**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FOGT, THOMAS A.  
700 COLORADO AVENUE  
STUART, FL**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
COMSTOCK, DENNIS  
2787 S.E. COLD SPRING DR  
JENSEN BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
COMSTOCK, RAYOLA  
904 TERR TD  
STUART, FL 00000**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
COMSTOCK, RALPH  
904 TERRACE ROAD  
STUART, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
COMSTOCK, RAYOLA R.  
904 TERRACE RD.  
STUART, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000636120  
02/26/07-80003-024 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DENNIS M COMSTOCK**

Date

**2/10/07**

Daytime Phone #

**7726921088**