


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

610100	
1. Entity Name COMHOLD INVESTMENTS INCORPORATED	

Principal Place of Business 184 CARIBBEAN ROAD NAPLES, FL 34108	Mailing Address P.O. BOX 9047 NAPLES, FL 34101 US
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DO NOT WRITE IN THIS SPACE



04122005

4. FEI Number 59-1940510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75	

6. Name and Address of Current Registered Agent GOODLETTE, J DUDLEY 3411 TAMiami TRAIL NORTH NAPLES, FL 33940	DO NOT WRITE IN THIS SPACE
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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.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00	U00000305193 04/14/05-90071-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURCH, PAUL M. 184 CARIBBEAN RD NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURCH, MASON 184 CARIBBEAN RD NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BURCH, AGNES 184 CARIBBEAN RD NAPLES, FL
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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 exemption stated in Section 119.07(3)(f), 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:  **APRIL 12, 2005** 239 591 2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #