

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 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



02102008 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1940510	Applied For Not Applicable
---	---

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

6. Name and Address of Current Registered Agent

GOODLETTE, J DUDLEY
3411 TAMiami TRAIL NORTH
NAPLES, FL 33940

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURCH, PAUL M.
STREET ADDRESS	184 CARIBBEAN RD
CITY-ST-ZIP	NAPLES, FL
TITLE	VD
NAME	BURCH, MASON
STREET ADDRESS	184 CARIBBEAN RD
CITY-ST-ZIP	NAPLES, FL
TITLE	DST
NAME	BURCH, AGNES
STREET ADDRESS	184 CARIBBEAN RD
CITY-ST-ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000433055
02/23/06-80095-009 150.00

**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: *Paul M. Burch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2006 *239 591 2228*
Date Daytime Phone #