

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 610100

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: COMHOLD INVESTMENTS INCORPORATED

**Current Principal Place of Business:**

184 CARIBBEAN ROAD  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9047  
NAPLES, FL 34101 US

**New Mailing Address:**

FEI Number: 59-1940510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

PAUL M BURCH  
184 CARIBBEAN ROAD  
NAPLES, FL 34108 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: PAUL M. BURCH

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURCH, PAUL M.,  
Address: 184 CARIBBEAN RD  
City-St-Zip: NAPLES, FL

Title: VD ( ) Delete  
Name: BURCH, MASON,  
Address: 184 CARIBBEAN RD  
City-St-Zip: NAPLES, FL

Title: DST ( ) Delete  
Name: BURCH, AGNES,  
Address: 184 CARIBBEAN RD  
City-St-Zip: NAPLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL M. BURCH

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date