


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 673726	
1. Entity Name CENTRAL MORTGAGE AND HOUSING CORPORATION	

Principal Place of Business 184 CARIBBEAN RD NAPLES, FL 34108 US	Mailing Address PO BOX 9047 NAPLES, FL 34101 US
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DO NOT WRITE IN THIS SPACE



02102006 No Chg P CR2E034 (11/05)

4. FEI Number 59-2022935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURCH, PAUL M 184 CARRIBBAN RD NAPLES, FL 34108

**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 _____ (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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BURCH, AGNES N 184 CARIBBEAN RD NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURCH, MASON M 184 CARIBBEAN ROAD NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURCH, PAUL M 184 CARIBBEAN ROAD NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UD00000430014
02/22/06-80031-015 150.00

**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 2/10/2006 239 591 2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #