


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 16, 2007 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

6. Name and Address of Current Registered Agent BURCH, PAUL M 184 CARRIBBAN RD NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
7. 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.	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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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 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: <u>Paul Burch</u>	<u>1/12/2007</u>	<u>3395912228</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>