

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 673726

FILED
Apr 14, 2008
Secretary of State

Entity Name: CENTRAL MORTGAGE AND HOUSING CORPORATION

Current Principal Place of Business:

184 CARIBBAN RD
NAPLES, FL 34108 US

New Principal Place of Business:

184 CARIBBEAN RD
NAPLES, FL 34108 US

Current Mailing Address:

PO BOX 9047
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2022935 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURCH, PAUL M
184 CARRIBBAN RD
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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

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

Title: PD () Delete
Name: BURCH, PAUL M,
Address: 184 CARIBBEAN ROAD
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