

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L22996

1. Entity Name
COMBANK MORTGAGE CO.



Principal Place of Business

WILSON, SHARON, L
28801 SW 157TH AVE
HOMESTEAD, FL 33033 US

Mailing Address

WILSON, SHARON, L
28801 SW 157TH AVE
HOMESTEAD, FL 33033 US



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0139244

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EPLING, ROBERT L
28801 SW 157TH AVE
HOMESTEAD, FL 33033

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DC
NAME EPLING, R. L.
STREET ADDRESS 28801 SW 157TH AVE
CITY-ST-ZIP HOMESTEAD, FL

TITLE DS
NAME WILSON, SHARON L
STREET ADDRESS 28801 SW 157 AVE
CITY-ST-ZIP HOMESTEAD, FL

TITLE D
NAME ROMERO, JOSE M. JR.
STREET ADDRESS 26140 S. DIXIE HWY
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME BERRY, DENNIS
STREET ADDRESS 896 HOMESTEAD BLVD
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10-0000146123
05/09/04-80046-02 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04

305-248-1273