

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90083 020 \*\*\*150.00

**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**

**40004032**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-0139244**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005 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** ☐ Delete  
NAME **EPLING, R. L.**  
STREET ADDRESS **28801 SW 157TH AVE**  
CITY-ST-ZIP **HOMESTEAD, FL**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D Jerry Weisman**  
STREET ADDRESS **28801 SW 157th Avenue**  
CITY-ST-ZIP **Homestead FL 33030**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #