

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2006 08:00 A
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



05092006 No Chg-P CR2E034 (11/05)

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	EPLING, R. L.
STREET ADDRESS	28801 SW 157TH AVE
CITY-STATE-ZIP	HOMESTEAD, FL
TITLE	DS
NAME	WILSON, SHARON L
STREET ADDRESS	28801 SW 157 AVE
CITY-STATE-ZIP	HOMESTEAD, FL
TITLE	D
NAME	ROMERO, JOSE M. JR.
STREET ADDRESS	26140 S. DIXIE HWY
CITY-STATE-ZIP	MIAMI, FL
TITLE	D
NAME	BERRY, DENNIS
STREET ADDRESS	896 HOMESTEAD BLVD
CITY-STATE-ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	WEISMAN, JERRY
STREET ADDRESS	28801 SW 157TH AVENUE
CITY-STATE-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/20/06-80098-007 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/06

Date

305-245-2211

Daytime Phone #