

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22996

FILED
Apr 10, 2008
Secretary of State

Entity Name: COMBANK MORTGAGE CO.

Current Principal Place of Business:

WILSON, SHARON, L
28801 SW 157TH AVE SUITE 403
HOMESTEAD, FL 33033 US

New Principal Place of Business:

28801 SW 157TH AVENUE
SUITE 403
HOMESTEAD, FL 33033 US

Current Mailing Address:

WILSON, SHARON, L
28801 SW 157TH AVE SUITE 403
HOMESTEAD, FL 33033 US

New Mailing Address:

28801 SW 157TH AVENUE
SUITE 403
HOMESTEAD, FL 33033 US

FEI Number: 65-0139244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: EPLING, R. L.,
Address: 28801 SW 157TH AVE
City-St-Zip: HOMESTEAD, FL 33033 US

Title: DS () Delete
Name: WILSON, SHARON L
Address: 28801 SW 157 AVE
City-St-Zip: HOMESTEAD, FL 33033 US

Title: D () Delete
Name: ROMERO, JOSE M. JR.,
Address: 26140 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33033 US

Title: D () Delete
Name: BERRY, DENNIS
Address: 896 HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Delete
Name: WEISMAN, JERRY
Address: 28801 SW 157TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: EPLING, ROBERT L
Address: 28801 SW 157TH AVE
City-St-Zip: HOMESTEAD, FL 33033 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROMERO, JOSE M JR
Address: 26140 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33033 US

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: SHARON L. WILSON

DS

04/10/2008

Electronic Signature of Signing Officer or Director

Date