

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22996

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: COMBANK MORTGAGE CO.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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, ROBERT 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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: SHARON L. WILSON

DS

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date