

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000016344**

1. Entity Name  
**COMSTOCK CONSTRUCTION, INC.**



Principal Place of Business  
**44124 ROSE BUD DR.  
DELAND, FL 32776**

Mailing Address  
**44124 ROSE BUD DR.  
DELAND, FL 32776**



04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0681635</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**COMSTOCK, M. TIM  
29018 COMSTOCK RD.  
EUSTIS, FL 32736**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COMSTOCK, M. TIM
STREET ADDRESS	29018 COMSTOCK RD.
CITY-ST-ZIP	EUSTIS, FL 32736

TITLE	PT
NAME	COMSTOCK, M. TIM
STREET ADDRESS	29018 COMSTOCK RD.
CITY-ST-ZIP	EUSTIS, FL 32736

TITLE	DC
NAME	COMSTOCK, MICHAEL T
STREET ADDRESS	44124 ROSE BUD DR.
CITY-ST-ZIP	DELAND, FL 32720

TITLE	VS
NAME	COMSTOCK, MICHAEL T
STREET ADDRESS	44124 ROSE BUD DR.
CITY-ST-ZIP	DELAND, FL 32720

TITLE	M
NAME	COMSTOCK, TYSON C
STREET ADDRESS	29018 COMSTOCK RD.
CITY-ST-ZIP	EUSTIS, FL 32736

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000741066  
05/15/07-80011-023 150.00

**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:**

*Michael Comstock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-27-07*  
Date

Daytime Phone #