

# 2008 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 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



04232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0681635

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

U00000926414  
05/20/08-80065-009 150.00

## 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	

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

4-23-08 352267-8037  
Date Daytime Phone #