

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 228902

FILED
Jan 16, 2008
Secretary of State

Entity Name: MCDILL COLUMBUS CORPORATION

Current Principal Place of Business:

2700 N MACDILL AVE
2700 N. MACDILL AVE #115
TAMPA, FL 33677

New Principal Place of Business:

2700 N MACDILL AVE
2700 N. MACDILL AVE #115
TAMPA, FL 33607

Current Mailing Address:

2700 N MACDILL AVE
P O BOX 4118
TAMPA, FL 33677

New Mailing Address:

FEI Number: 59-0968210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, MAYNARD L
2700 N. MACDILL AVE.
SUITE 115
TAMPA, FL 33607 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: SD () Delete
Name: LLANES, LIONEL
Address: 2700 N MACDILL AVE., #115
City-St-Zip: TAMPA, FL 33607

Title: PD () Delete
Name: FERNANDEZ, MAYNARD L
Address: 2700 N. MACDILL AVE. #115
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: FERNANDEZ, CID JR
Address: 2700 N. MACDILL AVE
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FERNANDEZ, CID JR
Address: 2700 N. MACDILL AVE #115
City-St-Zip: TAMPA, FL 33607

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: LIONEL LLANES

SD

01/16/2008

Electronic Signature of Signing Officer or Director

Date