


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 460610
 1. Entity Name
COLUMBIA LIVESTOCK MARKET OF LAKE CITY, INC.



Principal Place of Business Mailing Address
 P. O. BOX 354 P. O. BOX 354
 U.S. 41 & 441 SOUTH U.S. 41 & 441 SOUTH
 LAKE CITY, FL 32055 LAKE CITY, FL 32055

DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1551782 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 WILLIS, JOHN D
 US 41 & 441 SOUTH
 LAKE CITY, FL 32055

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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, 2004 Fee will be \$550.00

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

U00000091381
 03/18/04-80007-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST ZIP	STD WILLIS, BETHANY US 41 & 441 SOUTH LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY- ST ZIP	PD WILLIS, JOHN D US 41 & 441 SOUTH LAKE CITY, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *John D Willis* John D Willis 3/18/04 386-755-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #