


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90101 016 \*\*\*\*70.00

<b>DOCUMENT # 708682</b> 1. Entity Name <b>THE COLUMBIAN CORPORATION OF DUNEDIN, INC.</b>					
Principal Place of Business 1251 SAN CHRISTOPHER DRIVE K OF C DUNEDIN, FL 34698			Mailing Address 1251 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>51-0184003</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KELLY, ROBERT J ESQ</b> <b>605 PALM BLVD.</b> <b>DUNEDIN, FL 33528</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, FREDERICK 1238 CORDOVA CT PALM HARBOR, FL 34683		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILGERT, RICHARD A 783 LAKESIDE DR DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Colby 1337 Lotus Dr. N. Dunedin FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP APOSTOL, WILLIAM E 58 LEXINGTON DR DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ernie Cline 2771 5th Court Palm Harbor FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLS, MICHAEL J 2593 COUNTRYSIDE BLVD #101 CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAGER, WILLIAM W 436 HELEN STREET DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brenin, Robert A. 2700 Bayshore Blvd. Dunedin FL 34683	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLINE, ERNIE R 2771 5TH COURT PALM HARBOR, FL 34684		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack Sager 436 Helen St Dunedin FL 34698	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.					
<b>SIGNATURE:</b> <i>[Signature]</i>			2/3/05 157-733-5868		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		