

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90020 035 ****70.00

DOCUMENT # 712255

1. Entity Name

COLUMBUS CORPORATION OF LAKE COUNTY, INC.



Principal Place of Business

**2116 W GRIFFIN ROAD
 LEESBURG FL 34748-3304**

Mailing Address

**2116 W GRIFFIN ROAD
 LEESBURG FL 34748-3304**

UTULUULU



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2361480

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAAB, FABIAN J JR
 418 BENTWOOD DRIVE
 LEESBURG FL 34748**

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

Fabian Raab Jr

2/18/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	RODERSKI, KEVIN	
STREET ADDRESS	2503 SOUTH ST., APT. 97	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAILLOVETTE, ROMEO J	
STREET ADDRESS	8 BAYTREE DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, MURRAY	
STREET ADDRESS	32500 W. GOLF CT.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAHEU, RONALD W	
STREET ADDRESS	1125 CYPRESS DR	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	LETVITSKI, HENRY	
STREET ADDRESS	25850 TRIMPI RD.	
CITY-ST-ZIP	YALAHA FL 34797	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUIVIDAS, CHARLES	
STREET ADDRESS	118 AUDOBON DR.	
CITY-ST-ZIP	LEESBURG FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Michael Anderson</i>	
STREET ADDRESS	<i>618 Scenic Street</i>	
CITY-ST-ZIP	<i>Leesburg, FL 34748</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>GEORGE MELLO</i>	
STREET ADDRESS	<i>33150 BEACH VIEW DR</i>	
CITY-ST-ZIP	<i>LEESBURG, FL 34788</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>BUD TOTURA</i>	
STREET ADDRESS	<i>1209 MEADOW BEND DR</i>	
CITY-ST-ZIP	<i>LEESBURG, FL 34748</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>NICHOLAS LOUAGLIO</i>	
STREET ADDRESS	<i>27 CONQUISTADOR ST</i>	
CITY-ST-ZIP	<i>LEESBURG, FL 34748</i>	

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.

SIGNATURE:

Fabian Raab Jr

2/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #