

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

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90012 007 ****70.00

DOCUMENT # 716302

1. Entity Name

THE COLUMBIAN CORPORATION OF CLEARWATER



Principal Place of Business

512 S LINCOLN AVE
P.O. BOX 4745
CLEARWATER FL 337564
US

Mailing Address

P.O. BOX 4745
CLEARWATER FL 33756-4745
US

2. Principal Place of Business

512 S. Lincoln Ave
Suite, Apt. #, etc.

3. Mailing Address

Columbian Corp of Clearwater
P.O. Box 4745
Suite, Apt. #, etc.



MOORE

CR2E037 (4/04)

City & State

Clearwater FL

City & State

Clearwater, FL 33765

4. FEI Number

59-1033544

Applied For

Not Applicable

Zip

33756

Country

Penall's

Zip

33765

Country

Penall's

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMEONI, SERBO C
33920 U.S. 19 NORTH
SUITE 222
PALM HARBOR FL 34684

Name BURUS, KEVIN J.

Street Address (P.O. Box Number is Not Acceptable)
601 North Hercules Ave

City Clearwater

FL

Zip Code

33765

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 KEVIN J. BURUS

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 September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIMEONI, SERBO C	
STREET ADDRESS	146 8TH NORTH	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BURNS, KEVIN J	
STREET ADDRESS	601 N HERCULES AVENUE #1602	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARALT, MIKE	
STREET ADDRESS	1835 PINE STREET	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOYLE, BRUCE	
STREET ADDRESS	1321 FRIEND AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VIDALES, JOSE	
STREET ADDRESS	811 14TH AVENUE SOUTH	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURUS, KEVIN J.	
STREET ADDRESS	601 North Hercules Ave #1602	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, JOSEPH	
STREET ADDRESS	738 FAIRWOOD FOREST DR.	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John C Lambert	
STREET ADDRESS	2748 Forest Pkwy S	
CITY-ST-ZIP	Largo, FL 33771	
TITLE	UD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reufree, Ron	
STREET ADDRESS	2701 Woodring Dr	
CITY-ST-ZIP	Clearwater, FL 33757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMEONI, Serbo C	
STREET ADDRESS	15048 ARBOR CIRCLE DRIVE	
CITY-ST-ZIP	THE SPRINGS, FL 31758-6543	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/3/04