2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716302

FILED Mar 31, 2006 Secretary of State

Entity Name: THE COLUMBIAN CORPORATION OF CLEARWATER

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	COLN AVE ATER, FL 33756	US				
Current Mailing Address:			New Maili	New Mailing Address:		
COLUMBI	IA CORP. OF CLEA	ARWATER				
P.O. BOX		US				
FEI Number	r: 59-1033544 F	El Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of Curr	ent Registered Agent:	Name and	Address of	New Registered Agent:	
	KEVIN J ERCULES AVE 'ATER, FL 33765	US				
	e named entity subr te of Florida.	nits this statement for the p	purpose of changing	its registered	office or registered agent, or both	
SIGNATU	IRE:					
	Electronic S	Signature of Registered Ag	ent		Date	
OFFICER	S AND DIRECTOR	₹\$:	ADDITION	NS/CHANGES	S TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	PD () Deli BURNS, KEVIN J 601 N. HERCULES (CLEARWATER, FL	AVE #1602	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SD () Dele SULLIVAN, JOSEPH 738 FAIRWOOD FO	1	Title: Name: Address:	SD (X ZAZZARO, MII 3251 53RD AV	VE. N.	
Name: Address: City-St-Zip:	CLEARWATER, FL		City-St-Zip:	ST. PETERSB	30RGH, FL 33714	
Address: City-St-Zip: Title: Name: Address:	TD () Dele CARLISLE, MICHAE 6735 78TH STREET	33759 ete EL A F NORTH	City-St-Zip: Title: Name: Address: City-St-Zip:) Change()Addition	
Address:	TD () Dele CARLISLE, MICHAE 6735 78TH STREET	33759 ete EL A F NORTH L 33781 ete	Title: Name: Address:	(
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	TD () Delo CARLISLE, MICHAE 6735 78TH STREET PINELLAS PARK, F VP () Delo RENFROE, RON 2701 WOODRING D	33759 ete EL A F NORTH L 33781 ete DR 33759 ete SOUTH	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN J. BURNS PD 03/31/2006