

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90395 039 ***150.00

DOCUMENT # 824178

1. Entity Name
COLUMBUS COLONIES INC



Principal Place of Business
**233 - 12TH ST
SUITE 500
COLUMBUS, GA 31902 US**

Mailing Address
**PO BOX 161
COLUMBUS, GA 31902 US**

50007837



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006

Chg-P

CR2E034 (11/05)

4. FEI Number

58-1283574

Applied For

Not Applicable

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

**LINES, WILLIAM
121 N. MADISON
QUINCY, FL 32351**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WILLETT, LOUIE L
STREET ADDRESS 4168 WINDTRADE LANE
CITY-ST-ZIP COLUMBUS, GA 31907

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4168 WINDTREE LANE**
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME LANE, PAT
STREET ADDRESS 2520 CRAIGSTON DR
CITY-ST-ZIP COLUMBUS, GA 31906

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BENEFIELD, CAROLINE
STREET ADDRESS 2203 EMORY DR
CITY-ST-ZIP TIFTON, GA 31794

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME STAPLES, CHARLES T
STREET ADDRESS 857 PEACHTREE DR
CITY-ST-ZIP COLUMBUS, GA 31906

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMITH, WILLIAM J
STREET ADDRESS 949 PEACHTREE DR
CITY-ST-ZIP COLUMBUS, GA 31906

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **112 LONGLEAF WAY**
CITY-ST-ZIP **PINE MOUNTAIN, GA 31822**

TITLE D ☐ Delete
NAME PURVIS, MARILYN
STREET ADDRESS 2525 NORRIS RD #107
CITY-ST-ZIP COLUMBUS, GA 31907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Charles T. Staples, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06
Date

(706) 324-0201
Daytime Phone #