2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 824178

1. Entity Name
COLUMBUS COLONIES INC

Principal Place of Business	Mailing Address
233 - 12TH ST SUITE 500 COLUMBUS, GA 31902 US	PO BOX 161 COLUMBUS, GA 31902 US

04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

LINES, WILLIAM
121 N. MADISON
QUINCY, FL 32351

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLETT, LOUIE L
STREET ADDRESS	4168 WINDTREE LN
CITY-ST-ZIP	COLUMBUS, GA 31907
TITLE	SD
NAME	LANE, PAT
STREET ADDRESS	2520 CRAIGSTON DR
CITY-ST-ZIP	COLUMBUS, GA 31906
TITLE	TD
NAME	STAPLES, CHARLES T
STREET ADDRESS	857 PEACHTREE DR
CITY-ST-ZIP	COLUMBUS, GA 31906
TITLE	D
NAME	SMITH, WILLIAM J
STREET ADDRESS	112 LONGLEAF WY
CITY-ST-ZIP	PINE MOUNTAIN, GA 31822
TITLE	D
NAME	PURVIS, MARILYN
STREET ADDRESS	2525 NORRIS RD #107
CITY-ST-ZIP	COLUMBUS, GA 31907
TITLE	PD
NAME	STAPLES, ELIZABETH B
STREET ADDRESS	857 PEACHTREE DRIVE
CITY-ST-ZIP	COLUMBUS, GA 31906

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04/24/08-80054-014 150.00

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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, Treasurer 4/10/08 706-324-0201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #