

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 824178

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: COLUMBUS COLONIES INC

## Current Principal Place of Business:

233 - 12TH ST  
SUITE 500  
COLUMBUS, GA 31902 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 161  
COLUMBUS, GA 31902 US

## New Mailing Address:

FEI Number: 58-1283574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILLETT, LOUIE L  
Address: 4168 WINDTREE LN  
City-St-Zip: COLUMBUS, GA 31907

Title: SD ( ) Delete  
Name: LANE, PAT  
Address: 2520 CRAIGSTON DR  
City-St-Zip: COLUMBUS, GA 31906

Title: TD ( ) Delete  
Name: STAPLES, CHARLES T  
Address: 857 PEACHTREE DR  
City-St-Zip: COLUMBUS, GA 31906

Title: D ( ) Delete  
Name: SMITH, WILLIAM J  
Address: 112 LONGLEAF WY  
City-St-Zip: PINE MOUNTAIN, GA 31822

Title: D ( ) Delete  
Name: PURVIS, MARILYN  
Address: 2525 NORRIS RD #107  
City-St-Zip: COLUMBUS, GA 31907

Title: PD ( ) Delete  
Name: STAPLES, ELIZABETH B  
Address: 857 PEACHTREE DRIVE  
City-St-Zip: COLUMBUS, GA 31906

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: LANE, LARRY  
Address: 2520 CRAIGSTON DR  
City-St-Zip: COLUMBUS, GA 31906

Title: D (X) Change ( ) Addition  
Name: STAPLES, ELIZABETH B  
Address: 857 PEACHTREE DRIVE  
City-St-Zip: COLUMBUS, GA 31906

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES T. STAPLES

TD

03/12/2009

Electronic Signature of Signing Officer or Director

Date