

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 843920

1. Entity Name
COLUMBIA SUSSEX CORPORATION



Principal Place of Business
**207 GRANDVIEW DRIVE
FT. MITCHELL, KY 41017-9799**

Mailing Address
**207 GRANDVIEW DRIVE
FT. MITCHELL, KY 41017-9799**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0735266

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000676750
03/30/07-80074-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MITCHEL, THEODORE
207 GRANDVIEW DR.
FT. MITCHELL, KY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
YUNG, WILLIAM
207 GRANDVIEW DR.
FT. MITCHELL, KY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
TAYLOR, ROGER D
207 GRANDVIEW DR
FT. MITCHELL, KY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CLAYTON, STANLEY
207 GRANDVIEW DR.
FT. MITCHELL, KY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
FITZPATRICK, RICHARD
207 GRANDVIEW DR.
FT MITCHELL, KY 41017**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RATHJE, BRUCE
207 GRANDVIEW DR
FT MITCHELL, KY**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07
Date

Daytime Phone #