

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90521 020 ***150.00



DOCUMENT # L45770

1. Entity Name

COLUMBIA MOTORSPORTS, INC.

Principal Place of Business

ROUTE 2 BOX 6031
 LAKE CITY FL 32024
 US

Mailing Address

ROUTE 2 BOX 6031
 LAKE CITY FL 32024
 US

2. Principal Place of Business

1022 SW Howell Street

Suite, Apt. #, etc.

City & State
 Lake City, FL 32024

Zip Country

3. Mailing Address

1022 SW Howell Street

Suite, Apt. #, etc.

City & State
 Lake City, FL 32024

Zip Country



MOORE CR2E034 (11/03)

4. FEI Number

65-0169683

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHLEMAN, LEILA E.
~~RTE 2 BOX 6031~~ 1022 SW Howell St.
 LAKE CITY FL 32024

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ASHLEMAN, A.R.	
STREET ADDRESS	ROUTE 2 BOX 6031	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ASHLEMAN, LEILA E.	
STREET ADDRESS	ROUTE 2 BOX 6031	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1022 SW Howell Street	
CITY-ST-ZIP	Lake City, FL 32024	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1022 SW Howell Street	
CITY-ST-ZIP	Lake City, FL 32024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Leila E. Ashleman* LEILA E. Ashleman 4/26/04 386-155-9302
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #