

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90090 025 ***150.00

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03302005 Chg-P CR2E034 (10/03)

DOCUMENT # L45770					
1. Entity Name COLUMBIA MOTORSPORTS, INC.					
Principal Place of Business 1022 SW HOWELL STREET LAKE CITY, FL 32024 US			Mailing Address 1022 SW HOWELL STREET LAKE CITY, FL 32024 US		
2. Principal Place of Business 239 SW Blueberry Place		3. Mailing Address 239 SW Blueberry Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake City, FL		City & State Lake City, FL		4. FEI Number 65-0169683	
Applied For		Not Applicable			
Zip 32024	Country Columbia	Zip 32024	Country Columbia	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASHLEMAN, LEILA E. 1022 SW HOWELL STREET LAKE CITY, FL 32024			7. Name and Address of New Registered Agent		
			-Name Leila E. Ashleman		
			Street Address (P.O. Box Number is Not Acceptable) 239 SW Blueberry Place		
			City Lake City FL Zip Code 32024		
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: <i>Leila Ashleman</i>			DATE: <i>4/12/05</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHLEMAN, A.R. 1022 SW HOWELL STREET LAKE CITY, FL 32024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	239 SW Blueberry Place Lake City, FL 32024
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHLEMAN, LEILA E. 1022 SW HOWELL STREET LAKE CITY, FL 32024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	239 SW Blueberry Place Lake City, FL 32024
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Leila Ashleman</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Leila Ashleman</i>		DATE: <i>4/12/05</i>
					Daytime Phone #: (386) 719-8806