


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L45770</b> 1. Entry Name <b>COLUMBIA MOTORSPORTS, INC.</b>	
--	---

Principal Place of Business <b>239 SW BLUEBERRY LAKE CITY, FL 32024 US</b>	Mailing Address <b>239 SW BLUEBERRY LAKE CITY, FL 32024 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0169683</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ASHLEMAN, LEILA E  
 239 SW BLUEBERRY PLACE  
 LAKE CITY, FL 32024**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHLEMAN, A.R. 239 SW BLUEBERRY PLACE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHLEMAN, LEILA E. 239 SW BLUEBERRY PLACE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000687494  
 04/10/07-80041-018 150.00

**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:** *Leila E. Ashleman* **3/30/07** **386-719-8806**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #