

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M71821

FILED
Jan 16, 2007
Secretary of State

Entity Name: ANDERSON COLUMBIA CO., INC.

Current Principal Place of Business:

2 GUERDON RD.
PO BOX 1829
LAKE CITY, FL 320561829

New Principal Place of Business:

871 NW GUERDON STREET
LAKE CITY, FL 320561829

Current Mailing Address:

2 GUERDON RD.
PO BOX 1829
LAKE CITY, FL 320561829

New Mailing Address:

871 NW GUERDON STREET
PO BOX 1829
LAKE CITY, FL 320561829

FEI Number: 59-2871935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHREIBER, BRIAN P
871 NW GUERDON STREET
LAKE CITY, FL 32055 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: PD () Delete
Name: ANDERSON, JOE H III
Address: 871 NW GUERDON STREET
City-St-Zip: LAKE CITY, FL 32055

Title: VD () Delete
Name: WILLIAMS, TONY
Address: 871 NW GUERDON STREET
City-St-Zip: LAKE CITY, FL 32055

Title: VD () Delete
Name: CHILDERS, TIMOTHY
Address: 871 NW GUERDON STREET
City-St-Zip: LAKE CITY, FL 32055

Title: SD () Delete
Name: SCREIBER, BRIAN
Address: 871 NW GUERDON STREET
City-St-Zip: LAKE CITY, FL 32055

Title: VD () Delete
Name: ANDERSON, DOUGLAS M
Address: 871 NW GUERDON STREET
City-St-Zip: LAKE CITY, FL 32055

Title: VD () Delete
Name: CHILDERS, CINDY A
Address: 871 NW GUERDON STREET
City-St-Zip: LAKE CITY, FL 32055

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JODI V. PULS

AR

01/16/2007

Electronic Signature of Signing Officer or Director

Date