


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90003 002 \*\*\*150.00

<b>DOCUMENT # M82686</b>	
1. Entity Name COLBYCO ENTERPRISES, INC.	

Principal Place of Business 2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204 US	Mailing Address 2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204 US
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40101599



2. Principal Place of Business 5258-12 Norwood Ave. Suite, Apt. #, etc.	3. Mailing Address 5258-12 Norwood Ave. Suite, Apt. #, etc.
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07212006 Chg-P CR2E034 (11/05)

City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number 59-2901029	Applied For Not Applicable
Zip 32208	Country USA	Zip 32208	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CARLTON D. JONES 600 WHARF SIDE WAY 5258-12 Norwood Ave. JACKSONVILLE, FL 32207 32208	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, BARBARA A. 600 WHARF SIDE WAY JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5258-12 Norwood Ave. Jacksonville, FL 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAMS, PATRICIA 600 WHARF SIDE WAY JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5258-12 Norwood Ave. Jacksonville, FL 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, CARLTON D. 600 WHARF SIDE WAY JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5258-12 Norwood Ave. Jacksonville, FL 32208 <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 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  
Date: 8/10/06  
Daytime Phone #: 904-764-7745 EXT. 14