



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90028 048 \*\*\*150.00

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # M82686</b><br>1. Entity Name<br><b>COLBYCO ENTERPRISES, INC.</b>   |   |  |  |   |  |
| Principal Place of Business<br><b>5258-12 NORWOOD AVE.</b><br><b>JACKSONVILLE, FL 32208</b> US   |   |  | Mailing Address<br><b>5258-12 NORWOOD AVE.</b><br><b>JACKSONVILLE, FL 32208</b> US         |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1732 Margaret St.</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>1732 Margaret St.</b><br>Suite, Apt. #, etc.                  |  |    |  |
| City & State<br><b>Jacksonville, FL</b><br>Zip      Country<br><b>32204</b> <b>USA</b>   |   | City & State<br><b>Jacksonville, FL</b><br>Zip      Country<br><b>32204</b> <b>USA</b> |  | 4. FEI Number<br><b>59-2901029</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |  | 04032008    Chg-P    CR2E034 (12/06)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CARLTON D. JONES</b><br><b>600 WHARFSIDE WAY</b><br><b>JACKSONVILLE, FL 32207</b>  |   |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1732 Margaret St.</b><br>City      State      Zip Code<br><b>FL</b> <b>32204</b> |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering)      DATE _____  |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |   |  | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>S</b><br><b>JONES, BARBARA A.</b> <input checked="" type="checkbox"/> Delete<br><b>5258-12 NORWOOD AVE.</b><br><b>JACKSONVILLE, FL 32208</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>T</b> <input checked="" type="checkbox"/> Delete<br><b>SAMS, PATRICIA</b><br><b>5258-12 NORWOOD AVE.</b><br><b>JACKSONVILLE, FL 32208</b>    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>P</b> <input type="checkbox"/> Delete<br><b>JONES, CARLTON D.</b><br><b>5258-12 NORWOOD AVE.</b><br><b>JACKSONVILLE, FL 32208</b>            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1732 Margaret St</b><br><b>Jacksonville, FL 32204</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |  |  |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | <b>4/22/08</b> <b>904-764-7745</b><br>Date      Daytime Phone                              |  |  |