


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90084 046 \*\*\*\*61.25

DOCUMENT # N13137			
1. Entity Name COLUMBIAN #1, INC.		Principal Place of Business 5850 KOFC DRIVE PORT RICHEY, FL 34668	
Mailing Address P O BOX #368 PORT RICHEY, FL 34668 US <i>CHANGE ADDRESS</i>		50021555	
2. Principal Place of Business		3. Mailing Address <i>5850 KOFC DRIVE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>PORT RICHEY FL</i>	
Zip	Country	Zip <i>34668</i>	Country <i>US</i>
4. FEI Number 59-3059658		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALTMAN, JAMES J 5539 DELAWARE AVE NEW PT RICHEY, FL 34652		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSATO, STEPHEN 1001 OLD ORCHARD LANE PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ED SUDZINA 119 CARYL WAY OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP THOMAS, GEORGE 3729 HAVEN DRIVE NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President LEE SPURGEON 5822 GULF DRIVE NEW PORT RICHEY FL 34652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIACCHINO, CHARLES 1741 PERCHERON DRIVE NEW PORT RICHEY, FL 34665 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Tom Rose 3601 Woodcock Dr. New Port Richey 34652 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPURGEON, LEE 5822 GULF BLVD NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ROBERT SHEEHAN 7623 RADCLIFFE CIR. A112 PORT RICHEY, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JOSEPH PALGUTT 8813 SPRINGHAVEN BLVD. New Port Richey FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director RUDOLPH DESANTIS 6209 EMERSON DRIVE New Port Richey, FL 34653 <input type="checkbox"/> Change <input checked="" 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 617, 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>Robert J. Sheehan</i> ROBERT J. SHEEHAN Feb 23, 2005 727-849-6334			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	