


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90018 018 \*\*\*\*61.25

DOCUMENT # N13137 1. Entity Name <b>COLUMBIAN,#1, INC.</b>			
Principal Place of Business <b>5850 KOFC DRIVE PORT RICHEY FL 34668</b>		Mailing Address <b>5850 KOFC DRIVE PORT RICHEY FL 34668 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3059658</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 <b>ALTMAN, JAMES J 5539 DELAWARE AVE NEW PT RICHEY FL 34652</b>		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CRUMPTON, GREG 9915 LAKE CHRIS LANE PORT RICHEY FL 34668</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer ROBERT SHEEHAN 10904 LIVINGSTON DR NEW PORT RICHEY FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V SERENITA SORINITA, MARIO 8418 NUKARI CT NEW PORT RICHEY FL 34653</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President MICHAEL POREBSKI P.O. Box 3 Yarpen Springs, FL 34688</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ROSE, TOM 3601 WOOD COCK DR NEW PORT RICHEY FL 34652</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR MARIO SERENITA 8418 AUKARI CT NEW PORT RICHEY FL 34652</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T LIPORI, JOHN 9714 MARLINTON LN PORT RICHEY FL 34668</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY JOHN MIERNIK 6335 MISSOURI AVE NEW PORT RICHEY FL 34653</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S SHEEHAN, ROBERT 7623 RADCLIFF CIR, #112 PORT RICHEY FL 34668</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President URBANO Di STEFANO 7321 SAN SALVADOR PORT RICHEY FL 34668</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D STRANAN, WILLIAM 3819 US 19 LOT 14 HOLIDAY FL 34691</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:** *Robert Sheehan* **ROBERT SHEEHAN** Date: **April 23, 2007** (727) 849-6334