

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 30, 2004 8:00 am
Secretary of State

08-27-2004 90003 016 ****61.25

8/27/

DOCUMENT # N22588

1. Entity Name
COLUMBIAN CLUB #2, INC.



Principal Place of Business
**2040 GRAND BLVD
HOLIDAY, FL 34690 US**

Mailing Address
**2040 GRAND BLVD
HOLIDAY, FL 34690 US**



07072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2965081

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANNON, ROBERT A
10215 WESTPORT CT
TAMPA, FL 33615**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANNON, ROBERT A 10215 WESTPORT CT TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGARDO, EDWARD 7847 PRIMULA LS NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALTA, LARRY 8213 LEARY CT. PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLAGENS, WALTER 3159 WEST JACKSON DR. HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALANDRO, JOSEPH 1017 SPRINGTIME DR HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSCH, WILLIAM 8214 TARSIER AVE NEW PORT RICHEY, FL 34653

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert A. Hannon 9-25-04



Attachment
664134306

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 31, 2004

COLUMBIAN CLUB #2, INC.
2040 GRAND BLVD
HOLIDAY, FL 34690 US

Subject: COLUMBIAN CLUB #2, INC.

Reference Number: N22588

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation:

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rg

ANNUAL REPORTS SECTION