

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90029 033 ***150.00

DOCUMENT # P00000000792

1. Entity Name

COLUMBO ENTERPRISES, INC.



Principal Place of Business

NYC BARBER & STYLIST
DUNEDIN FL 34698

Mailing Address

2160 MAIN STREET
DUNEDIN FL 34698

Mailing Change

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5625 Bethel Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, Georgia

Zip

Country

Zip

Country

30527

U.S.A.

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-3621817**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLUMBO, ROBERT
2160 MAIN STREET
DUNEDIN FL 34698

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete
NAME COLUMBO, ROBERT
STREET ADDRESS 2160 MAIN STREET
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COLUMBO, ROBERT
STREET ADDRESS 2160 MAIN STREET
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 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

Daytime Phone #

2-11-08 727-742-8452