2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2004 8:00 am Secretary of State **DOCUMENT # P01000035880** 1. Entity Name 04-07-2004 90006 050 ***150.00 THE COLBY COMPANY, INC. Principal Place of Business Mailing Address 2600 FIRST AVE NORTH 2600 FIRST AVE NORTH ST PETERSBURG, FL 33713 ST PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address 4912 Creekside Drive 4912 Creekside Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 03172004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Clearwater, Florida Clearwater, Florida 59-3705978 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33760 USA 33760 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALRATH, BRETT Street Address (P.O. Box Number is Not Acceptable) 2600 FIRST AVE NORTH 4912 Creekside Drive ST PETERSBURG, FL 33713 Zip Code 33760 Člearwater 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \square Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE ☐ Delete TITLE Change DΡ ☐ Addition NAME WALRATH, BRETT NAME Walrath, Brett STREET ADDRESS 2600 1ST AVENUE NORTH STREET ADDRESS 4912 Creekside Drive CITY-ST-ZIP SAINT PETERSBURG, FL 33713 CITY-ST-ZIP Clearwater, FL 33769 TITLE ☐ Delete Ez Channe ☐ Addition GOVONI, LEO J Govoni, Leo J NAME NAME 2600 1ST AVENUE NORTH STREET ADDRESS STREET ADDRESS 4912 Creekside Drive CITY-ST-7IP SAINT PETERSBURG, FL 33713 CITY-ST-78P Clearwater, FL 33760 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Chance TITLE ☐ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP -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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment an address, with all other like empowered.

FILED

Bret+ Walrath) 4/5/2004 (727) 894-6520 **SIGNATURE:**