

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90022 033 ***150.00

DOCUMENT # P01000094075

1. Entity Name
FIRST COLUMBIA BANCORP, INC.



Principal Place of Business
173 NW HILLBORO STREET
LAKE CITY, FL 32055

Mailing Address
P.O BOX 1609
LAKE CITY, FL 32056



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0676991

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NAYLOR, BRUCE A
173 NW HILLBORO STREET
LAKE CITY, FL 32055

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	SUMMERS, GORDON P
STREET ADDRESS	101 LAKE VISTA LANE
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	SD
NAME	COLLINS, MICHEAL
STREET ADDRESS	ROUTE 8, BOX 875
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	PD
NAME	NAYLOR, BRUCE A
STREET ADDRESS	377 NW FOREST MEADOWS AVENUE
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	GREEN, ROBIN C
STREET ADDRESS	2250 INGLEWOOD DRIVE
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	GREEN, R.L.
STREET ADDRESS	1126 SOUTH CHURCH STREET
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	SCAFF, LESTER
STREET ADDRESS	2200 EAST DUVAL STREET
CITY-ST-ZIP	LAKE CITY, FL 32055

**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 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 #

1/7/05 386 752-5646