


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90417 022 ***150.00

| | |
|---|---|
| DOCUMENT # P02000121109 |  |
| 1. Entity Name MCDILL COLUMBUS ENTERPRISES, INC. | |

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| Principal Place of Business 2700 NORTH MACDILL AVENUE SUITE 115 TAMPA, FL 33607 | Mailing Address 2700 NORTH MACDILL AVENUE SUITE 115 TAMPA, FL 33607 |
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44031429



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

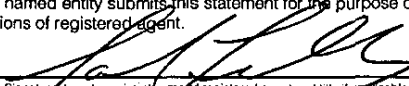
04152004 Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 16-1642903 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| FERNANDEZ, JOHN 2700 N. MACDILL AVE., #115 P.O. BOX 4118 TAMPA, FL 33607 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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|---|---------------------------|---------|
| 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  | John Fernandez, President | 4-16-04 |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FERNANDEZ, JOHN A 2700 NORTH MACDILL AVENUE, SUITE 115 TAMPA, FL 33607 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD FERNANDEZ, Y.C. JR 2700 N. MACDILL AVE., #115 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FERNANDEZ, Y.C. SR 2700 N. MACDILL AVE., #115 TAMPA, FL 33607 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Lionel Llanes 2700 N Macdill Ave #115 Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|---|---------------------|--------------------------------|
| SIGNATURE:  | 4-16-04 | 813-877-8339 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> John Fernandez | <small>Date</small> | <small>Daytime Phone #</small> |