

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90327 045 \*\*\*150.00

**DOCUMENT # P02000121109**

1. Entity Name  
**MCDILL COLUMBUS ENTERPRISES, INC.**



Principal Place of Business  
**2700 NORTH MACDILL AVENUE  
SUITE 115  
TAMPA, FL 33607**

Mailing Address  
**2700 NORTH MACDILL AVENUE  
SUITE 115  
TAMPA, FL 33607**

**50039574**



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**16-1642903**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FERNANDEZ, JOHN  
2700 N. MACDILL AVE., #115  
P.O. BOX 4118  
TAMPA, FL 33607**

**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	PD
NAME	FERNANDEZ, JOHN A
STREET ADDRESS	2700 NORTH MACDILL AVENUE, SUITE 115
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	ST
NAME	LLANES, LIONEL
STREET ADDRESS	2700 N. MACDILL AVE., #115
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	FERNANDEZ, Y.C. SR REMOVE
STREET ADDRESS	2700 N. MACDILL AVE., #115
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	FRANK FERNANDEZ
STREET ADDRESS	1605 E. OLIVE ST.
CITY-ST-ZIP	SEATTLE, WA. 98122
TITLE	ASD
NAME	PAIEN I. FERNANDEZ
STREET ADDRESS	6102 TWIN LAKES RD. S.
CITY-ST-ZIP	KEYSTONE VLS, FL 32656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: JOHN FERNANDEZ PRES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-05**  
Date

**813-877-8339**  
Daytime Phone #