

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90009 030 \*\*\*158.75

DOCUMENT # P03000124537

1. Entity Name

COLUMBIA DOOR COMPANY



Principal Place of Business

RT 9 BOX 574 (WALTER AVE)--  
LAKE CITY FL 32024

Mailing Address

RT 9 BOX 574 (WALTER AVE)  
LAKE CITY FL 32024

2. Principal Place of Business

3. Mailing Address

P.O. Box 2613

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake City, Florida

Zip

Country

Zip

Country

32056

Columbia

4. FEI Number

75-3136401

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

COOKE, CHANCE  
RT 9 BOX 574 (WALTER AVE)  
LAKE CITY FL 32024

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE P  
NAME COOKE, CHANCE  
STREET ADDRESS P.O. BOX 26123  
CITY-ST-ZIP LAKE CITY FL 32056 ☐ Delete

TITLE V  
NAME COOKE, DEAN  
STREET ADDRESS P.O. BOX 26123  
CITY-ST-ZIP LAKE CITY FL 32056 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Cooke, Chance  
STREET ADDRESS Rt. 9- Box 574  
CITY-ST-ZIP Lake City, FL 32024 ☐ Change ☐ Addition

TITLE V  
NAME Cooke, Dean  
STREET ADDRESS Rt. 9 Box 574  
CITY-ST-ZIP Lake City, FL 32024 ☐ Change ☐ Addition

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

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

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

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

SIGNATURE:

*Chance Cooke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-04

Date

386-754-9992

Daytime Phone #