

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000126560

1. Entity Name
J.A. COLUMBUS ENTERPRISES, INC.



Principal Place of Business
7505 VERNA BETHANY RD
MYAKKA CITY, FL 34251

Mailing Address
7505 VERNA BETHANY RD
MYAKKA CITY, FL 34251

AMENDED

FILED

05 APR 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0429947

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

COLUMBUS, JEFFREY A
7505 VERNA BETHANY RD
MYAKKA CITY, FL 34251

**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 COLUMBUS, JEFFREY A
STREET ADDRESS 7505 VERNA BETHANY RD
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE VPD
NAME BURROW, MARK
STREET ADDRESS 2114 Bougainvillea Street
CITY-ST-ZIP Sarasota, Fl 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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**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

3-15-05

Date

941-328-9597

Daytime Phone #