

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000126560

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



FILED

06 JUL 11 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
7505 VERNA BETHANY RD
MYAKKA CITY, FL 34251

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-0429947

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

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

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME COLUMBUS, JEFFREY A
STREET ADDRESS 7505 VERNA BETHANY RD
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900077681399
CITY-ST-ZIP 07/18/06--01049--009 **\$61.25

TITLE VPD ☐ Delete
NAME BURROW, MARK
STREET ADDRESS 2114 BOUGAINVILLEA STREET
CITY-ST-ZIP SARASOTA, FL 34237

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME LUTZ, DEAN E.
STREET ADDRESS 757 DOG KENNEL ROAD
CITY-ST-ZIP Sarasota, FL 34240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jeffrey A. Columbus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #