## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132974

Entity Name: COLUMBUS INSURANCE AGENCY, INC.

**FILED** Mar 31, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1514 EAST LIVINGSTON STREET ORLANDO, FL 32801

ORLANDO, FL 32803

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 531166 703 E PINE ST ORLANDO, FL 32801 ORLANDO, FL 32853

FEI Number: 20-0396304 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

TOFFOLI, MICHAEL L TOFFOLI, MICHAEL L 1514 EAST LIVINGSTON STREET 703 EAST PINE STREET ORLANDO, FL 32801 ORLANDO, FL 32803

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.

SIGNATURE: MICHAEL TOFFOLI 03/31/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition TOFFOLI, MICHAEL L TOFFOLI, MICHAEL L Name: Name:

703 E PINE ST Address: 1514 EAST LIVINGSTON STREET Address:

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MICHAEL TOFFOLI 03/31/2006