

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90036 003 ***150.00

DOCUMENT # P04000166771

1. Entity Name
COLBY'S MICANOPY MANAGEMENT COMPANY, INC.



Principal Place of Business
305 N.E. 1ST STREET
GAINESVILLE, FL 32601

Mailing Address
305 N.E. 1ST STREET
GAINESVILLE, FL 32601

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-2018280

Applied For
Not Applicable

Zip Country

Zip Country

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

EDINGER, GARY S
305 N.E. 1ST STREET
GAINESVILLE, FL 32601

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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
NAME
P
SULLIVAN, ASHER G III
STREET ADDRESS
3456 S.W. 42ND AVENUE, SUITE A
CITY-ST-ZIP
GAINESVILLE, FL 32608 ☐ Delete

TITLE
NAME
SULLIVAN III, ASHER G
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
D
EDINGER, GARY S
STREET ADDRESS
305 N.E. 1ST STREET
CITY-ST-ZIP
GAINESVILLE, FL 32601 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/08

352-384-3988