2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2007 8:00 am Secretary of State DOCUMENT # P06000104199 1. Entity Name 05-09-2007 90103 044 ***150.00 COLUMBIA METAL WORKS INC. Principal Place of Business Mailing Address 632 SW TUNSIL ST 632 SW TUNSIL ST LAKE CITY FL 32024 LAKE CITY FL 32024 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For Hot Applicable am \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA INCORPORATORS, INC. Street Address (P.O. Box Number is Not Acceptable) 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA FL 33637-2087 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 e, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. шь ■ Addition DHE Delete ncan, Lonnie DUNCAN, LONNIE MI NAME NAME 632 SW TUNSIL ST STREET ADDRESS STRUCT ADDRESS LAKE CITY FL 32024 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Addition HILL TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ihai Change ☐ Addition Deleic mici NAME NAME STREET ADORESS STRUCT ADDRESS CHY-S1-ZIP CITY - ST - ZIP 11(1.6 ☐ Defete IIILE □ Change Addition NAM NAM STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP ☐ Change ■ Addition HILL □ Defete IIILE NAME STRUET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-ST-ZIP ☐ Change Addition IIILI ☐ Delete Ш NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

FILED