




**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P17995</b> 1. Entity Name COLUMBUS DEPOT EQUIPMENT COMPANY			
Principal Place of Business 1600 FIRST AVENUE POST OFFICE BOX 2785 COLUMBUS, GA 31902-2785 US		Mailing Address PO BOX 2785 COLUMBUS, GA 31902-2785 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		02012006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 58-1762480	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP HARRIS, ROBERT O 58 WATERFALL WAY CATAULA, GA 31804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFITH, SANDERS G III 6288 BROOKSTONE BLVD COLUMBUS, GA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMLINSON, PHILIP W. 6611 WOODBERRY ROAD COLUMBUS, GA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC WEAVER, DORENDA K. 6436 FALL BRANCH DR COLUMBUS, GA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT LIPHAM, JAMES B. 3342 WINDERMERE STREET COLUMBUS, GA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOATES, KATHLEEN 842 SHEARWATER DR FORTSON, GA		
<b>DO NOT WRITE IN THIS SPACE</b>			
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: 		Robert Harris Sr. Director 2/1/06 706-644-1601	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	