

2004 FOR PROFIT CORPORATION ANNUAL REPORT


P39331

FILED

04 JUL -2 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66428973

DOCUMENT # P39331
1. Entity Name
COLUMBIA LAND AND DEVELOPMENT CORPORATION



Principal Place of Business 1031 W MORSE BLVD., SUITE 350 WINTER PARK, FL 32789	Mailing Address 1031 W MORSE BLVD., SUITE 350 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE

03012003 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1773787	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
**SWANN & HADLEY, PA
1031 W MORSE BLVD., SUITE 350
WINTER PARK, FL 32789**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
05/11/04-80004-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCAULIFFE, TERENCE R. 7527 OLD DOMINION MC LEAN, VA 22102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST MCAULIFFE, DOROTHY S. 7527 OLD DOMINION MC LEAN, VA 22102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SWANN, CHRISTIAN M 1031 W MORSE BLVD., SUITE 350 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employees).

SIGNATURE:  **6-22-04 407-643-8977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date: _____ Dying Phone # _____)