

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P39331 1. Entity Name COLUMBIA LAND AND DEVELOPMENT CORPORATION	
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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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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	4. FEI Number 52-1773787	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent SWANN & HADLEY, PA 1031 W MORSE BLVD., SUITE 350 WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete MCAULIFFE, TERENCE R. 7527 OLD DOMINION MC LEAN VA 22102
NAME	VPST <input type="checkbox"/> Delete MCAULIFFE, DOROTHY S. 7527 OLD DOMINION MC LEAN VA 22102
STREET ADDRESS	VP <input type="checkbox"/> Delete SWANN, CHRISTIAN M 1031 W MORSE BLVD., SUITE 350 WINTER PARK FL 32789
CITY-ST-ZIP	V <input type="checkbox"/> Delete SWANN, RICHARD R 1031 W MORSE BLVD, STE 350 WINTER PARK FL 32789
CITY-ST-ZIP	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000543465 05/10/06-80139-008 150.00
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: _____ **4-26-06** **407-413-8972**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #