

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 08:00 AM**  
**Secretary of State**

**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**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-1773787**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE  
IN THIS SPACE**

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-16-07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**U000000641761  
03/01/07-80014-003 150.00**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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 #

**2-16-07 407-647-2777**