

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000038642

1. Entity Name
COLBY MATERIALS, INC.



Principal Place of Business

7614 E ALLEN DR
INVERNESS, FL 34450

Mailing Address

P.O. BOX 1383
INVERNESS, FL 34451



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3386129

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SCOTT A
7614 E ALLEN DR
INVERNESS, FL 34450

**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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000415736
02/11/06-80091-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ADAMS, SCOTT A
STREET ADDRESS	7614 E ALLEN DR
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	VPT
NAME	STRANGE, CHARLES E JR
STREET ADDRESS	7614 E ALLEN DR
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1-30-06 358-1237-4083

Date

Daytime Phone #