2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # P97000071559 1. Entity Name COLUMBIA BLOCK, INC. Principal Place of Business Mailing Address P.O. BOX 2101 41 WALDO ST LAKE CITY FL 32056-2101 LAKE CITY FL 32025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3462417 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EADIE, RENNY B III Street Address (P.O. Box Number is Not Acceptable) RT 22 BOX 2913 LAKE CITY FL 32024-9212 Zip Code 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. -1000 FC (SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 35. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. U00000029385 ☐ Change Defete TITLE HILE 02/04/04-80065-005 150.00 EADIE, RENNY B III NAME NAME STREET ADDRESS RT. 22. BOX 2913 STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32024-9212 CITY-ST-ZIP Addition TITLE Charige TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 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 segment of the corporation of the c

PENNY B. EADIGITE DI/28/04

386-755-2458

FILED