

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90048 022 \*\*\*150.00

**DOCUMENT # P97000071559**

1. Entity Name  
**COLUMBIA BLOCK, INC.**



Principal Place of Business  
~~41 WALDO ST~~ **439 NW WALDO ST**  
LAKE CITY, FL ~~32025~~ **32055**

Mailing Address  
P.O. BOX 2101  
LAKE CITY, FL 32056-2101

**50018929**



01142005 Chg-P CR2E034 (10/03)

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  
**59-3462417**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**EADIE, RENNY B III**  
**RT-22 BOX 2913**  
**LAKE CITY, FL 32024-9212**

**216 SW Shortleaf Drive**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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.

SIGNATURE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS ☐ ☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ ☐

TITLE **P** ☐ Delete  
NAME **EADIE, RENNY B III**  
STREET ADDRESS **RT. 22, BOX 2913**  
CITY-ST-ZIP **LAKE CITY, FL 320249212**

TITLE **President** ☒ Change ☐ Addition  
NAME **Eadie, Renny B III**  
STREET ADDRESS **216 SW Shortleaf Drive**  
CITY-ST-ZIP **LAKE CITY, FL 32024**

TITLE **VP** ☐ Delete  
NAME **Eadie, Robert, M**  
STREET ADDRESS **521 NW Clubview Circle**  
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Penny B. Eadie III** **02/22/05**

Date

**386-765-2458**

Daytime Phone #