2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2006 8:00 am Secretary of State

DOCUMENT # P97000071559 1. Entity Name COLUMBIA BLOCK, INC.				03-01-2006 90017 006 ***150.00			
Principal Place	e of Business	Mailing Address			<i>:</i> ::		
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439 NW WAL		P.O. BOX 2101			•		
LAKE CITY, FI	L 32055	LAKE CITY, FL 32056-2101		1			
_				02082006	No Chg-P	CR2E034 (11/0	5)
DO NOT WRITE IN THIS SPA			CE		. 1		A 15 - 4 5
				4. FEI Numbe			Applied For
				59-3462	2417		Not Applicable
				5. Certificate	of Status Desired		Additional
				<u></u>		Fee Requ	irea
	6. Name and Address of Current R	egistered Agent	:				
				_			
EADIE, RE				DO	NOT W	RITE	
	HORTLEAF DRIVE		,				
LAKE CITY	7, FL 32024-9212			IN T	THIS SF	DACE	
				114 1	1110 01	ACL	
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	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or register	red agent, or bot	h, in the State of Fl	orida. I am familiar w	ith, and accept
me obligati	ions of registered agent.						
SIGNATURE_							-
SIGNATURE_	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Register	ed Agent signature required	when reinstating)		DATE	
			· 				
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees			
		Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees			
After Ma	ay 1, 2006 Fee will be \$550.0	Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees			
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After Ma	OFFICERS AND D P EADIE, RENNY B III	Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees			
10. TITLE NAME STREET ADDRESS	OFFICERS AND D P EADLE, RENNY B III 216 SW SHORTLEAF DRIVE	Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees			
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D P EADIE, RENNY B III 216 SW SHORTLEAF DRIVE LAKE CITY, FL 32024	Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees	·		
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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.

CITY-ST-ZIP

SIGNATURE: Bury B. Ladie II Renny B. Endie II 02/27/04 386-755-2458

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

Daylore Prone 8