

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 288654 1. Entity Name COLONIAL RIDGE MAINTENANCE CORP	
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Principal Place of Business 1403 W BOYNTON BEACH BLVD 9 BOYNTON BEACH, FL 33426	Mailing Address 1403 W BOYNTON BEACH BLVD 9 BOYNTON BEACH, FL 33426
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING, INC 1403 W BOYNTON BEACH BLVD 9 BOYNTON BEACH, FL 33426	DO NOT WRITE IN THIS SPACE
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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 reissuing)	DATE _____
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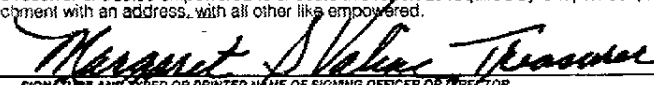
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLDBERG, NORMAN 5505 N. OCEAN BLVD. OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VALINE, MARGARET S 5505 N OCEAN BLVD OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNEHR, DOROTHY 5505 N OCEAN BLVD OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DESROCHES, RICHARD 5505 N OCEAN BLVD OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIDORIK, ROBERT 5505 N. OCEAN BLVD. OCEAN RIDGE, FL 334357001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT PORTER, JOHN 400 S FED HWY STE 405 BOYNTON BEACH, FL 33435

**DO NOT WRITE
IN THIS SPACE**

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02/23/04-80070-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 2/23/04 Date	Daytime Phone: 561-737-0123 Daytime Phone #
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