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

Principal Place of Business	Mailing Address
1403 W BOYNTON BEACH BLVD 9 BOYNTON BEACH, FL 33426	1403 W BOYNTON BEACH BLVD 9 BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE

02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-6181722

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN PORTER ACCOUNTING, INC
1403 W BOYNTON BEACH BLVD
9
BOYNTON BEACH, FL 33426

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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 _____ DATE
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOLDBERG, NORMAN
STREET ADDRESS	5505 N. OCEAN BLVD.
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	T
NAME	VALINE, MARGARET S
STREET ADDRESS	5505 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	D
NAME	KNEHR, DOROTHY
STREET ADDRESS	5505 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	V
NAME	DESROCHES, RICHARD
STREET ADDRESS	5505 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	D
NAME	SIDORIK, ROBERT
STREET ADDRESS	5505 N. OCEAN BLVD.
CITY-ST-ZIP	OCEAN RIDGE, FL 334357001
TITLE	AT
NAME	PORTER, JOHN
STREET ADDRESS	400 S FED HWY STE 405
CITY-ST-ZIP	BOYNTON BEACH, FL 33435

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02/23/04-80070-018 150.00

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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: Margaret S Valine Treasurer 2/15/04 561-737-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #