

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90059 049 ***150.00

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DOCUMENT # 288654 1. Entity Name COLONIAL RIDGE MAINTENANCE CORP					
Principal Place of Business JOHN PORTER ACCOUNTING 400 S FEDERAL HWY STE 404 BOYNTON BEACH, FL 33435 US			Mailing Address 1403 W BOYNTON BEACH BLVD 9 BOYNTON BEACH, FL 33426		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <div style="text-align: center; font-weight: bold; font-size: 1.2em;">John Porter Accounting</div> <div style="text-align: center; font-weight: bold;">400 S. Federal Hwy. • Suite 404</div> <div style="text-align: center; font-weight: bold;">Boynton Beach, FL 33435</div>			
Suite, Apt. #, etc.		Suite		FEI Number 72007 Chg-P CR2E034 (12/06)	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING, INC 400 S FEDERAL HWY STE 404 BOYNTON BEACH, FL 33435				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAIBI, CHARLES 5505 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Margaret Valine 5505 N Ocean Blvd. Ocean Ridge, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOROWITZ, PAT 5505 N OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cummings 4660 NW 28TH PL. CONAL SPRING, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNEHR, DOROTHY 5505 N OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COX, JAMES 5505 N OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESROCHES, RICHARD 5505 N OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIDORIK, ROBERT 5505 N. OCEAN BLVD. OCEAN RIDGE, FL 334357001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, JOHN 400 S FED HWY STE 405 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.					
SIGNATURE: <u>Margaret Valine</u> MARGARET S VALINE, TREAS 2/8/07 561-737-0123					