2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 288654

Name:

Address:

City-St-Zip:

Entity Name: COLONIAL RIDGE MAINTENANCE CORP

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
JOHN PORTER ACCOUNTING 400 S FEDERAL HWY STE 404 BOYNTON BEACH, FL 33435 US				GPS FINANCIAL SERVICES INC 400 S FEDERAL HWY STE 404 BOYNTON BEACH, FL 33435 US			
Current Mailing Address:				New Mailing Address:			
SUITE 404	BEACH, FL 33	435					
FEI Number:	59-6181722	FEI Number Applied For()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
JOHN PORTER ACCOUNTING, INC 400 S FEDERAL HWY STE 404 BOYNTON BEACH, FL 33435 US				GPS FINANCIAL SERVICES, INC 400 S FEDERAL HWY STE 404 BOYNTON BEACH, FL 33435 US			
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.							
SIGNATURE: JOHN PORTER				03/02/2009			
	Electronic	Signature of Registered Agent	t			Date	
Election Can	npaign Financing T	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	T () De VALINE, MARGAR 5505 N. OCEAN B OCEAN RIDGE, FI	ET LVD.		Title: Name: Address: City-St-Zip:		(X) Change () Addition COTT CEAN BLVD. DGE, FL 33435	
Title: Name: Address: City-St-Zip:	S () DO MOROWITZ, PAT 5505 N OCEAN BL OCEAN RIDGE, FI	.VD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DO KNEHR, DOROTH 5505 N OCEAN BL OCEAN RIDGE, FI	Y LVD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P () DE DESROCHES, RIC 5505 N OCEAN BL OCEAN RIDGE, FI	CHARD LVD		Title: Name: Address: City-St-Zip:	P SIDORIK, F 5505 N OC OCEAN RIE		
Title: Name: Address: City-St-Zip:	D () De PORTER, JOHN 400 S FED HWY S BOYNTON BEACH	STE 405		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	() D	aloto		Title:	VD.	() Change (Y) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

CUMMINS, DAVID

5505 N OCEAN BLVD

OCEAN RIDGE, FL 334335 US

SIGNATURE: SCOTT HORNE T 03/02/2009