


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

<b>DOCUMENT # 303002</b>			
1. Entity Name <b>COLONIAL RIDGE LANCASTER INC</b>			
Principal Place of Business 5505 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435		Mailing Address 5505 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHN PORTER ACCOUNTING, INC 1403 W. BOYNTON BEACH BLVD. #9 BOYNTON BEACH, FL 33426		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAIBI, CHARLES	NAME	U00000061201
STREET ADDRESS	5505 N OCEAN BLVD	STREET ADDRESS	02/23/04-80070-017 150.00
CITY-ST-ZIP	OCEAN RIDGE, FL	CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALINE, MARGARET	NAME	
STREET ADDRESS	5505 N OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACSALMASI, STEPHEN	NAME	
STREET ADDRESS	5505 N OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, PAUL	NAME	
STREET ADDRESS	5505 N OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Margaret Valine, Secretary</u>		Date: <u>2/15/04</u> 261-737-4223	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	