


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90030 040 \*\*\*150.00

**DOCUMENT # 303002**  
 1. Entity Name  
**COLONIAL RIDGE LANCASTER INC**



**40022290**

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: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

02092005 Chg-P CR2E034 (10/03)  
 4. FEI Number: **59-1316811** 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**

7. Name and Address of New Registered Agent  
 Name: **John Porter Accounting**  
 Street Address (P.O. Box Number is Not Acceptable): **400 S. Federal Hwy. Suite 404**  
 City: **Boynton Beach, FL 33435**

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, 2005 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>TAIBI, CHARLES</b>	
STREET ADDRESS: <b>5505 N OCEAN BLVD</b>	
CITY-ST-ZIP: <b>OCEAN RIDGE, FL</b>	
TITLE: <b>TS</b>	<input type="checkbox"/> Delete
NAME: <b>VALINE, MARGARET</b>	
STREET ADDRESS: <b>5505 N OCEAN BLVD</b>	
CITY-ST-ZIP: <b>OCEAN RIDGE, FL</b>	
TITLE: <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>BACSALMASI, STEPHEN</b>	
STREET ADDRESS: <b>5505 N OCEAN BLVD</b>	
CITY-ST-ZIP: <b>OCEAN RIDGE, FL 33435</b>	
TITLE: <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>COSTELLO, PAUL</b>	
STREET ADDRESS: <b>5505 N OCEAN BLVD</b>	
CITY-ST-ZIP: <b>OCEAN RIDGE, FL</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>JOHN O'HARA</b>	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>R. HOERKNER</b>	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
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)(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 Valine*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **2/18/05** Daytime Phone #: **561-737-0123**