


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State


02-20-2006 90057 048 ***150.00

DOCUMENT # 303002
 1. Entity Name
COLONIAL RIDGE LANCASTER INC



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: City & State
 Zip: Country

4002-

 02022006 Chg-P CR2E034 (11/05)
 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
400 S. FEDERAL HWY SUITE 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, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D	NAME: TAIBI, CHARLES	STREET ADDRESS: 5505 N OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE, FL	<input checked="" type="checkbox"/> Delete
TITLE: TS	NAME: VALINE, MARGARET	STREET ADDRESS: 5505 N OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE, FL	<input type="checkbox"/> Delete
TITLE: P	NAME: O'HARA, JOHN	STREET ADDRESS: 5505 N OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete
TITLE: VP	NAME: HOERRNER, R.	STREET ADDRESS: 5505 N OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE, FL	<input checked="" type="checkbox"/> Delete
TITLE: VP	NAME: William Lydon	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D	NAME: FRANK Schmidt	STREET ADDRESS: 5505 N Ocean Blvd	CITY-ST-ZIP: Ocean Ridge, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	NAME: JOAN LEVESQUE	STREET ADDRESS: 5505 N Ocean Blvd	CITY-ST-ZIP: Ocean Ridge, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: John Porter	STREET ADDRESS: 400 S. Federal Hwy, #404	CITY-ST-ZIP: Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *John Porter* John Porter, Director Date: 02/02/06 Daytime Phone #