


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 726904 1. Entity Name COLONIAL OFFICE BUILDING, INC.	
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Principal Place of Business 4367 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	Mailing Address 4367 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308
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01162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1740585	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AURELIUS, JOHN E.
4367 NORTH FEDERAL HWY
FORT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000066732
02/26/04-80028-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASE, CY 724 MIDDLE RIVER DR FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AURELIUS, JOHN E. 2864 NE 24TH COURT FT. LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BIELEJESKI JR., JOHN 4141 NE 28TH AVENUE FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 617, 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: Cy Case
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____