2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 726904

1. Entity Name
COLONIAL OFFICE BUILDING, INC.

Principal Place of Business	Mailing Address
4367 NORTH FEDERAL HIGHWAY	4367 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308	FT. LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

01032006 No Chg-NP   CR2E037 (11/05)

4. FEI Number		Applied For
59-1740585		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee Is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CASE, CY
STREET ADDRESS	724 MIDDLE RIVER DR
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	PD
NAME	AURELIUS, JOHN E.
STREET ADDRESS	2864 NE 24TH COURT
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/20/06-80056-014 61.25

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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 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: _____   1-11-06   954 771-3500
            SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #