


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L44013 1. Entity Name INTERSTATE COLONIAL CORPORATION |  |
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| Principal Place of Business 715 10TH ST. SOUTH NAPLES, FL 34102 US | Mailing Address 715 10TH ST. SOUTH NAPLES, FL 34102 US |
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DO NOT WRITE IN THIS SPACE

04042007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-0175189 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SUTTON, KERMIT 715 10TH ST S NAPLES, FL 34102 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO SUTTON, KERMIT S 715 10TH ST S NAPLES, FL 34102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPENCER, DAVID S. 3255 TAMIAMI TRL N. NAPLES, FL 34103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, JOHN B. 3420 SW 9TH ST. DES MOINES, IA 50315 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/23/07-80015-017 150.00

DO NOT WRITE IN THIS SPACE

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:  4/10/2007 (239) 263-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #