

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 24 PM 2:42

DOCUMENT # N99000005139

1. Entity Name
BARBARA THOMAS-COLSON & COMPANY, INC.



Principal Place of Business
1747 NE CAPITAL CIRCLE #1101 TALLAHASSEE, FL 32308

Mailing Address
1490 Nashville Drive
1747 NE CAPITAL CIRCLE #1101 TALLAHASSEE, FL 32304 SAME



08192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3703239	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

THOMAS, BARBARA
1747 NE CAPITAL CIRCLE #1101
TALLAHASSEE, FL 32308

1490 Nashville Dr.
Tallahassee, FL 32304
Sheet

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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

700040825287
09/03/04--01071--006 **\$61.25

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO THOMAS, BARBARA 1747 NE CAPITAL CIRCLE #1101 TALLAHASSEE, FL 32308 1490 Nashville Dr. Tallahassee, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAQUANA, EVAN S 2074 MIDYETTE ROAD #534 TALLAHASSEE, FL 32308 2203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOONCE, ALEX J 1747 NE CAPITAL CIRCLE #1101 TALLAHASSEE, FL 32308 1490 Nashville Dr. Tallahassee, FL 32304 AS Above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, W.J. 7376 WAGON TRAIL LANE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDICK, JEROME J 1490 NASHVILLE DRIVE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, OSIEFIELD DR. KILLERN ESTATES TALLAHASSEE, FL 32308

DO NOT WRITE 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)(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 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:

Barbara Thomas-Colson 8-19-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #