

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000012760	
1. Entity Name COLONIAL HOMES INC.	

Principal Place of Business 2000 INTERSTATE PARK DRIVE SUITE 400 MONTGOMERY, AL 36142-0001	Mailing Address 2000 INTERSTATE PARK DRIVE SUITE 400 MONTGOMERY, AL 36142-0001
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1195480	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

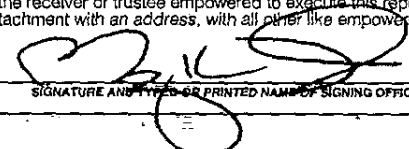
9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COBD LOWDER, JAMES K 2000 INTERSTATE PARK DRIVE, SUITE 400 MONTGOMERY, AL 361420001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOWDER, THOMAS H 2000 INTERSTATE PARK DRIVE, SUITE 400 MONTGOMERY, AL 361420001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST TUCKER, BRYAN K 2000 INTERSTATE PARK DR MONTGOMERY, AL 36109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FARRIOR, ALAN S 2000 INTERSTATE PARK DR. MONTGOMERY, AL 36109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCLEOD, P.L. JR 2000 INTERSTATE PARK DR. MONTGOMERY, AL 36109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP PERSICHELLI, ANTHONY 2000 INTERSTATE PARK DR. MONTGOMERY, AL 36109

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05/04/05-80114-005 150.00

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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)(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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 (334) 270-6638
Date Daytime Phone #