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	Mailing Address
2000 INTERSTATE PARK DRIVE SUITE 400 MONTGOMERY, AL 36142-0001	2000 INTERSTATE PARK DRIVE SUITE 400 MONTGOMERY, AL 36142-0001

DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/03)

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

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

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05/04/05-80114-005 150.00

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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: _____ 4/26/05 (334)270-6638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #