


**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000012760 1. Entity Name COLONIAL HOMES INC.	
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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**



07202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1195480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

**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 \$550.00
Due by September 6, 2006**

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

U000000573594
08/07/06-80003-022 550.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/06

(334) 270-6633