

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 212272

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: THE COLONNADE INCORPORATED

**Current Principal Place of Business:**

3401 BAYSHORE BLVD  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

2907 W. JULIA STREET  
TAMPA, FL 336298815

**New Mailing Address:**

FEI Number: 59-0835199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITESIDE, JACK F, JR  
3401 BAYSHORE BLVD.  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: WHITESIDE, RICHARD D, ,III  
Address: 4914 S MELROSE  
City-St-Zip: TAMPA, FL

Title: PD ( ) Delete  
Name: WHITESIDE, JACK F, J, R  
Address: 520 SEA GULL WAY  
City-St-Zip: ANNA MARIA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK F WHITESIDE JR

PD

03/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date