

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 07, 2005  
Secretary of State**

DOCUMENT# 273729

Entity Name: COLONIAL COLONY INC

**Current Principal Place of Business:**

1275 BEVILLE RD  
DAYTONA BEACH, FL 321191528

**New Principal Place of Business:**

**Current Mailing Address:**

1275 BEVILLE RD  
DAYTONA BEACH, FL 321191528

**New Mailing Address:**

FEI Number: 59-1085869      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WM STANLEY SHADDIX  
1275 BEVILLE RD  
DAYTONA BEACH, FL 32119      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: D      ( ) Delete  
Name: SHADDIX, MADELINE E,  
Address: 6 HOMAN TERRACE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D      ( ) Delete  
Name: SHADDIX, W O II,  
Address: 1 DEER MOSS TRAIL  
City-St-Zip: ORMOND BEACH, FL

Title: TD      ( ) Delete  
Name: GORDON, SHARON S,  
Address: 7611 TIMBERLY CT.  
City-St-Zip: MCLEAN, VA

Title: SD      ( ) Delete  
Name: FOX, SHARLENE S.,  
Address: 855 PINE FOREST TR  
City-St-Zip: PORT ORANGE, FL

Title: D      ( ) Delete  
Name: SHADDIX, STEVEN L.,  
Address: 2410 SE 29TH ST  
City-St-Zip: OCALA, FL 34471

Title: P      ( ) Delete  
Name: STANLEY, SHADDIX W  
Address: 2130 OLD DAYTONA RD  
City-St-Zip: DAYTONA BEACH, FL 32119

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

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

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

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

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

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 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 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: SHARLENE S. FOX

SD

03/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date