
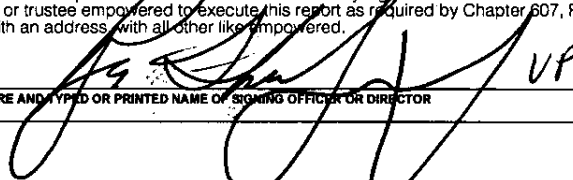


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90085 014 ***150.00

DOCUMENT # 273729					
1. Entity Name COLONIAL COLONY INC					
Principal Place of Business 1275 BEVILLE RD DAYTONA BEACH, FL 32119-1528		Mailing Address 1275 BEVILLE RD DAYTONA BEACH, FL 32119-1528			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1085869	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WM STANLEY SHADDIX 1275 BEVILLE RD DAYTONA BEACH, FL 32119			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHADDIX, MADELINE E		NAME	ROGER SHULZINSKY	
STREET ADDRESS	6 HOMAN TERRACE		STREET ADDRESS	1041 OLD BIG TREE RD.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, W O II		NAME		
STREET ADDRESS	1 DEER MOSS TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, SHARON S		NAME		
STREET ADDRESS	7611 TIMBERLY CT.		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, SHARLENE S.		NAME	FOX, SHARLENE S.	
STREET ADDRESS	855 PINE FOREST TR		STREET ADDRESS	686 FERNCLIFF DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL		CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADDIX, STEVEN L.		NAME		
STREET ADDRESS	2410 SE 29TH ST		STREET ADDRESS		
CITY-ST-ZIP	Ocala, FL 34471		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, SHADDIX W		NAME		
STREET ADDRESS	2130 OLD DAYTONA RD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP		
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: 		VP		2/14/06 386-767-8521	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40013307



02142006 Chg-P CR2E034 (11/05)