

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90035 036 ***150.00

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1. Entity Name

COLONIAL RIDGE MONTICELLO INC



Principal Place of Business

5505 N OCEAN BLVD
OCEAN RIDGE FL 33435

Mailing Address

5505 N OCEAN BLVD
APT. #4-205
OCEAN RIDGE FL 33435-7002
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

59-1318191

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHESON, DON P.
5505 N OCEAN BLVD
APT #4-205
OCEAN RIDGE FL 33435

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MATHESON, DON P.
STREET ADDRESS 5505 N. OCEAN BLVD. APT. 4-205
CITY-ST-ZIP BOYNTON BEACH FL 33435-7002

TITLE S ☐ Delete
NAME MATHESON, CAROL
STREET ADDRESS 5505 N OCEAN BLVD APT4-205
CITY-ST-ZIP BOYNTON BEACH FL 33435-7002

TITLE T ☐ Delete
NAME BERNKLAU, MARY ELLEN
STREET ADDRESS 5505 N OCEAN BLVD APT 4-105
CITY-ST-ZIP OCEAN RIDGE FL 33435-7080

TITLE VP ☐ Delete
NAME SIDORIK, ROBERT
STREET ADDRESS 5505 N OCEAN BLVD APT 4-105
CITY-ST-ZIP OCEAN RIDGE FL 33435-7080

TITLE D ☐ Delete
NAME JOLLEY, ROBERT F
STREET ADDRESS 5505 N OCEAN BLVD APT 4 103
CITY-ST-ZIP OCEAN RIDGE FL 33435-7080

TITLE D ☐ Delete
NAME AMAGAT, JULES R
STREET ADDRESS 5505 N. OCEAN BLVD. APT #1-102
CITY-ST-ZIP BOYNTON BEACH FL 33435-7080

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME Virginia Trozzo
STREET ADDRESS 5505 N. Ocean Blvd., Apt. 4-202
CITY-ST-ZIP Ocean Ridge, FL 33435-7002

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Ocean Ridge, FL 33435-7002
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5505 N.Ocean Blvd., Apt. 4-102
CITY-ST-ZIP Ocean Ridge, FL 33435-7080

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 2005 (561) 738-0487

Date

Daytime Phone #