

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2006 8:00 am
Secretary of State

02-17-2006 90072 004 ***150.00

DOCUMENT # 288619 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1318191	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHESON, DON P. 5505 N OCEAN BLVD APT #4-205 OCEAN RIDGE FL 33435				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when revoking) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 P <input checked="" type="checkbox"/> Delete NAME MATHESON, DON P. STREET ADDRESS 5505 N. OCEAN BLVD. APT. 4-205 CITY-ST-ZIP BOYNTON BEACH FL 33435-7002				TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Matheson, Don P. STREET ADDRESS 5505 N. Ocean Blvd., Spt. 4-205 CITY-ST-ZIP Ocean Ridge, FL 33435-7002	
TITLE S <input type="checkbox"/> Delete NAME MATHESON, CAROL STREET ADDRESS 5505 N OCEAN BLVD APT4-205 CITY-ST-ZIP OCEAN RIDGE FL 33435-7002				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 	
TITLE T <input type="checkbox"/> Delete NAME BERNKLAU, MARY ELLEN STREET ADDRESS 5505 N OCEAN BLVD APT 4-105 CITY-ST-ZIP OCEAN RIDGE FL 33435-7080				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 	
TITLE VP <input checked="" type="checkbox"/> Delete NAME SIDORIK, ROBERT STREET ADDRESS 5505 N OCEAN BLVD APT 4-105 CITY-ST-ZIP OCEAN RIDGE FL 33435-7080				TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Sidorik, Robert STREET ADDRESS 5505 N. Ocean Blvd., Apt. #4-105 CITY-ST-ZIP Ocean Ridge, FL 33435-7080	
TITLE D <input type="checkbox"/> Delete NAME JOLLEY, ROBERT F STREET ADDRESS 5505 N OCEAN BLVD APT 4 103 CITY-ST-ZIP OCEAN RIDGE FL 33435-7080				TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Trozzo, Rosina STREET ADDRESS 5505 N. Ocean Blvd., Apt. 4-202 CITY-ST-ZIP Ocean Ridge, FL 33435-7002	
TITLE D <input checked="" type="checkbox"/> Delete NAME AMAGAT, JULES R STREET ADDRESS 5505 N OCEAN BLVD, APT 4-102 CITY-ST-ZIP OCEAN RIDGE FL 33435-7080				TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME McLellan, Sally STREET ADDRESS 5505 N. Ocean Blvd., Apt. 4-203 CITY-ST-ZIP Ocean Ridge, FL 33435-7002	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Robert Sidorik</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				January 27, 2006 (561) 737-3687 <small>Date Daytime Phone #</small>	

Robert Sidorik, President



ATTACHMENT

660037910

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

COLONIAL RIDGE MONTICELLO INC
5505 N OCEAN BLVD
APT. #4-205
OCEAN RIDGE, FL 33435-7002 US

Subject: COLONIAL RIDGE MONTICELLO INC

Reference Number: 288619

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION