

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90006 020 ***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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	VP MATHESON, DON P. 5505 N. OCEAN BLVD. APT. 4-205 BOYNTON BEACH, FL 334357002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Foote, James A., Jr. 5505 N. Ocean Blvd., Apt. 4-101 Ocean Ridge, FL 33435-7080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATHESON, CAROL 5505 N OCEAN BLVD APT4-205 OCEAN RIDGE, FL 334357002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNKLAU, MARY ELLEN 5505 N OCEAN BLVD APT 4-105 OCEAN RIDGE, FL 334357080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIDORIK, ROBERT 5505 N OCEAN BLVD APT 4-105 OCEAN RIDGE, FL 334357080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOLLEY, ROBERT F 5505 N OCEAN BLVD APT 4 103 OCEAN RIDGE, FL 334357080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Foote, Georgene E. 5505 N. Ocean Blvd., Apt.4-101 Ocean Ridge, FL 33435-7080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLELLAN, SALLY 5505 N OCEAN BLVD APT 4-203 OCEAN RIDGE, FL 334357002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Amagat, Francoise 5505 N. Ocean Blvd., Apt.4-102 Ocean Ridge, FL 33435-7080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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:			Feb.13, 2007 561-737-3687		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
Robert Sidorik, Pres.					