

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90016 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 4-105

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number
59-1318191

Applied For

Not Applicable

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 **ROBERT SIDORIK**

Street Address (P.O. Box Number is Not Acceptable)

5505 N. OCEAN BLVD.

APT. # 4-105

City **OCEAN Ridge**

FL

Zip Code
33435

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 **Robert Sidorik** **ROBERT SIDORIK**

3-1-08

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	FOOTE, JR, JAMES A	
STREET ADDRESS	5505 N OCEAN BLVD. APT 4-101	
CITY-ST-ZIP	OCEAN RIDGE FL 33435-7080	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATHESON, CAROL	
STREET ADDRESS	5505 N OCEAN BLVD APT 4-205	
CITY-ST-ZIP	OCEAN RIDGE FL 33435-7002	
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	P	<input type="checkbox"/> Delete
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"/> Delete
NAME	FOOTE, GEORGE E	
STREET ADDRESS	5505 N OCEAN BLVD, APT -4-101	
CITY-ST-ZIP	OCEAN RIDGE FL 33435-7080	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Robert Sidorik** **ROBERT SIDORIK**

3-1-08 (561) 737-3687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #