

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90108 046 ***150.00

DOCUMENT # 288654

1. Entity Name
COLONIAL RIDGE MAINTENANCE CORP



Principal Place of Business
**JOHN PORTER ACCOUNTING
400 S FEDERAL HWY STE 404
BOYNTON BEACH, FL 33435 US**

Mailing Address
**400 S. FEDERAL HWY
SUITE 404
BOYNTON BEACH, FL 33435**

50002551



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-6181722

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

**JOHN PORTER ACCOUNTING, INC
400 S FEDERAL HWY
STE 404
BOYNTON BEACH, 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, 2008 Fee will be \$550.00**

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 **T** ☐ Delete
NAME **VALINE, MARGARET**
STREET ADDRESS **5505 N. OCEAN BLVD.**
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

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

TITLE **S** ☐ Delete
NAME **MOROWITZ, PAT**
STREET ADDRESS **5505 N OCEAN BLVD**
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

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

TITLE **D** ☐ Delete
NAME **KNEHR, DOROTHY**
STREET ADDRESS **5505 N OCEAN BLVD**
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

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

TITLE **VP** ☐ Delete
NAME **DESROCHES, RICHARD**
STREET ADDRESS **5505 N OCEAN BLVD**
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

TITLE ☐ Change ☒ Addition
NAME **DESROCHES, RICHARD**
STREET ADDRESS **5505 N OCEAN BLVD**
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

TITLE **P** ☒ Delete
NAME **SIDORIK, ROBERT**
STREET ADDRESS **5505 N. OCEAN BLVD.**
CITY-ST-ZIP **OCEAN RIDGE, FL 334357001**

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

TITLE **D** ☐ Delete
NAME **PORTER, JOHN**
STREET ADDRESS **400 S FED HWY STE 405**
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08

561-752-5994

Date

Daytime Phone #