

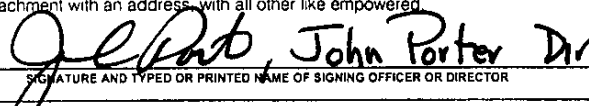


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90057 003 \*\*\*150.00

<b>DOCUMENT # 298284</b> 1. Entity Name <b>COLONIAL RIDGE WILLIAMSBURG INC</b>			
Principal Place of Business <b>JOHN PORTER ACCOUNTING, INC.</b> <b>1403 W. BOYNTON BEACH BLVD, #9</b> <b>BOYNTON BEACH, FL 33426</b>		Mailing Address <b>JOHN PORTER ACCOUNTING, INC.</b> <b>1403 W. BOYNTON BEACH BLVD, #9</b> <b>BOYNTON BEACH, FL 33426</b>	
2. Principal Place of Business <b>John Porter Accounting</b> <b>400 S. Federal Hwy. • Suite 404</b> <b>Boynton Beach, FL 33435</b>		3. Mailing Address <b>John Porter Accounting</b> <b>400 S. Federal Hwy. • Suite 404</b> <b>Boynton Beach, FL 33435</b>	
City & State <b>Boynton Beach, FL</b>		City & State <b>Boynton Beach, FL</b>	
Zip <b>33435</b>		Zip <b>33435</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1318226</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JOHN PORTER ACCOUNTING, INC.</b> <b>400S FEDERAL STE 404</b> <b>BOYNTON BEACH, FL 33426</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 		DATE <b>02/01/06</b>	
SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PORTER, JOHN 400 FEDERAL HWY STE 404 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SPENCER, KAREN 5505 N. OCEAN BLVD OCEAN RIDGE, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MANN, EUGENE 5505 N. OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	R ROBERT BOVE 5505 N OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input 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: 		DATE <b>02/01/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40013013

