
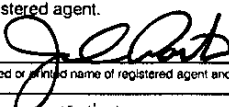
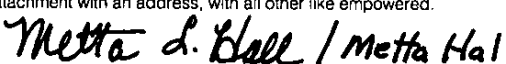


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90039 020 ***150.00

DOCUMENT # 300942 1. Entity Name COLONIAL RIDGE CAMBRIDGE INC					
Principal Place of Business 5505 NO OCEAN BLVD OCEAN RIDGE, FL 33435			Mailing Address 5505 NO OCEAN BLVD OCEAN RIDGE, FL 33435		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-1209387				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. 1403 WEST BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33426			Name John Porter Accounting Street Address (P.O. Box Number is Not Acceptable) 400 S. Federal Hwy. • Suite 404 City Boynton Beach, FL 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: 			DATE: 02/09/05		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESROCHERS, RICHARD		NAME		
STREET ADDRESS	5505 N OCEAN BLVD C104		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, METTA		NAME		
STREET ADDRESS	5505 N OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENWAY, LLOYD		NAME		
STREET ADDRESS	5505 N. OCEAN BLVD C103		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENWAY, JEAN		NAME		
STREET ADDRESS	5505 N. OCEAN BLVD. 103		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, JOHN		NAME		
STREET ADDRESS	1403 W. BOYNTON BEACH BLVD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 02/09/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					