


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90010 042 ***150.00

DOCUMENT # 308961					
1. Entity Name COLONIAL RIDGE CONCORD INC					
Principal Place of Business 5505 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435-4001			Mailing Address 5505 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435-4001		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1319280	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				01232004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KINSMAN GLENN 5505 N OCEAN BLVD CONCORD BLDG #205 OCEAN RIDGE, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	KINSMAN, GLENN		NAME		
STREET ADDRESS	5505 NORTH OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FONES, DANIEL		NAME		
STREET ADDRESS	5505 NORTH OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINSMAN, MADELINE		NAME		
STREET ADDRESS	5505 NORTH OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	D	BRYM, STANLEY
STREET ADDRESS			STREET ADDRESS		5505 NORTH OCEAN BLVD
CITY-ST-ZIP			CITY-ST-ZIP		OCEAN RIDGE, FL
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	D	ASPLAND, MICHAEL
STREET ADDRESS			STREET ADDRESS		5505 NORTH OCEAN BLVD
CITY-ST-ZIP			CITY-ST-ZIP		OCEAN RIDGE, FL
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	D	MASTROMACINO, PAUL
STREET ADDRESS			STREET ADDRESS		5505 NORTH OCEAN BLVD
CITY-ST-ZIP			CITY-ST-ZIP		OCEAN RIDGE, FL
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: <i>Glenn R. Kinsman</i>		GLENN R. KINSMAN		2-12-04 737-7221	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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