

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90057 005 ***150.00

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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

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

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

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, 2005 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KINSMAN, GLENN	
STREET ADDRESS	5505 NORTH OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FONES, DANIEL	
STREET ADDRESS	5505 NORTH OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KINSMAN, MADELINE	
STREET ADDRESS	5505 NORTH OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYM, STANLEY	
STREET ADDRESS	5505 NORTH OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASPLAND, MICHAEL	
STREET ADDRESS	5505 NORTH OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASTROMARINO, PAUL	
STREET ADDRESS	5505 NORTH OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Porter	
STREET ADDRESS	400 S. Red Hwy Ste 404	
CITY-ST-ZIP	B.B., FL. 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Glenn Kinsman* Glenn Kinsman

02/16/05

Date

Daytime Phone #