


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 376528
 1. Entity Name
 COLONIAL INVESTMENT SERVICES OF FLORIDA, INC.



Principal Place of Business: 201 EAST PINE STREET, SUITE 100, ORLANDO, FL 32801
 Mailing Address: ONE COMMERCE STREET, MONTGOMERY, AL 36104

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-1511966 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CFO
NAME	MOORE, SARAH
STREET ADDRESS	ONE COMMERCE STREET
CITY - ST - ZIP	MONTGOMERY, AL 36104
TITLE	V
NAME	REIMER, DAVID
STREET ADDRESS	ONE COMMERCE STREET
CITY - ST - ZIP	MONTGOMERY, AL 36104
TITLE	P
NAME	OAKLEY, FLAKE IV
STREET ADDRESS	ONE COMMERCE STREET
CITY - ST - ZIP	MONTGOMERY, AL 36104
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sarah W Moore David Reimer 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #