


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

06 MAY -3 AM 11:40

Principal Place of Business 201 EAST PINE STREET SUITE 100 ORLANDO FL 32801	Mailing Address ONE COMMERCE STREET MONTGOMERY AL 36104
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1511966	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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ 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, 2006 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	CFO <input type="checkbox"/> Delete
NAME	MOORE, SARAH
STREET ADDRESS	ONE COMMERCE STREET
CITY-ST-ZIP	MONTGOMERY AL 36104
TITLE	V <input type="checkbox"/> Delete
NAME	REIMER, DAVID
STREET ADDRESS	ONE COMMERCE STREET
CITY-ST-ZIP	MONTGOMERY AL 36104
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	OAKLEY, FLAKE IV
STREET ADDRESS	ONE COMMERCE STREET
CITY-ST-ZIP	MONTGOMERY AL 36104
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000074416780
STREET ADDRESS	05/11/06--01007--002 **950.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA GREEN-P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE COMMERCE ST
CITY-ST-ZIP	MONTGOMERY, AL 36104
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	BS 5/10/06
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 4/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #