2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPURT (AR)										
DOCUI	MENT # 3	76528				EII	<u> </u>			
COLONIAL INVESTMENT SERVICES OF FLORIDA, INC.								-ED 3 AMII	. 10	
Principal Place of Business Mailing Address								O AM II	: 40	
201 EAST PINE STREET ONE COMMERCE STREET							SECRETAR Militar dal ida ida ida	CONTACTA	TO	
SUITE 100 MONTGOMERY AL 36104						11111	naa anta anta anta anta anta anta anta	HILL HILL HIS LEVEL	. 4.37 1110/47111 111111	
ORLANDO FL 32801										
Principal Place of Business 3. Mailing Address							IRR IIIII IRRIN BUQI 6448 11881	i leri erski sibil bibi	n mimil mimre dræssi	OU :00
Suite, Apt. #, etc.			Suite, Apt. #, etc.			15	t MOORE	CR2E034 (10/05)	
City & State			City & State			4. FEI Numb	er 59-1511966	6	<u> </u>	alied For Applicable
Zip	Cou	ntry	Zip Country			5. Certificate of Status Desired See Required Fee Required				
	6. Name and A	ddress of Current	egistered Agent			7. Name and Address of New Registered Agent				
			Name	Name						
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Address (P.O. Box Number is Not Acceptable)					
TEANTATION TE 33324			<u> </u>						Zip Code	
				City				FL	Zip Cobe	
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 posted name of registered agent and life it applicable (NOTE Registered Agent signature required when romstating) DATE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
After	May 1, 2006 Fee	Will Be \$550.0	0				9. Election Camp Trust Fund Cor	•	<u> </u>	00 May Be
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.									-	
TITLE	CFO	OFFICERS AND	Delete Delete	11.	1	ADDITIONS	/CHANGES TO OFF		Change	Addition
NAME	MOORE, SARAH		C. Delete	NAME		,			_	L.J AUGITOR
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STREET ADDRESS CITY-ST-ZIP				STREET ADDRES	8					
TITLE			☐ Delete	TITLE		1. 1	161		Change	☐ Addition
NAME	1			NAME		15 (1	10/04			
STREET ADDRESS CITY-ST-ZIP	:			STREET ADDRES	ss	1001	1010			
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.										
SIGNAT	TURE:	4/121	106							
SIGNATURE: 7/ R / 8 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Proces #										