


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 19, 2006 8:00 am
Secretary of State


05-30-2006 90041 017 ***150.00

DOCUMENT # 387789 1. Entity Name COLONIAL ENTERPRISES, INC.	
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Principal Place of Business 1148 THIRD STREET SOUTH NAPLES, FL 34102	Mailing Address 1148 THIRD STREET SOUTH NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE

66019711



03262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1360517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

FANTOZZI, ANGELO
1148 THIRD STREET SOUTH
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P -3cc FANTOZZI, ANGELO 3051 HORIZON LN 1808 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. FANTOZZI, BRAD 1148 3RD ST S NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC FANTOZZI, JOHN 1148 THIRD ST S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  6/15/06 239-2624808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone