


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 454676 1. Entity Name COLONIAL PRODUCTS, INC.	
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Principal Place of Business 6113 POND TREE CT GREENACRES, FL 33463 US	Mailing Address 6113 POND TREE CT GREENACRES, FL 33463 US
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1545831	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HOLSAPPLE, CONNIE L
6113 POND TREE CT
GREENACRES, FL 33463

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLSAPPLE, H. DUANE 810 SUMMERHILL LANE BLAIRSVILLE, GA 30512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLSAPPLE, CONNIE L 6113 POND TREE CT GREENACRES, FL 334633040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLSAPPLE, IVAN C 6113 POND TREE CT GREENACRES, FL 334633040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLSAPPLE, JEAN L 610 SUMMERHILL LANE BLAIRSVILLE, GA 30512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/04-80052-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Connie L. Holsapple (Connie L. Holsapple) 1-07-04 561-967-7937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #