


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 536610
 1. Entity Name
 COLONIAL CORNER, INC.



Principal Place of Business Mailing Address
 7201 49TH ST. NORTH 7201 49TH ST. NORTH
 PINELLAS PARK, FL 33781 US PINELLAS PARK, FL 34665

DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1751070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 CASCIATO, VINCENT
 7650 DOVER COURT
 ST. PETERSBURG, FL 33709

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 _____ 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, 2007 Fee will be \$550.00

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

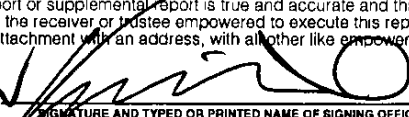
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASCIATO, VINCENT
STREET ADDRESS	7650 DOVER COURT
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	P
NAME	CASCIATO, JOANN
STREET ADDRESS	7650 DOVER COURT
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000740481
 05/14/07-80068-018-150.00

DO NOT WRITE 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:  **VINCENT CASCIATO** 4/27/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #