

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 687135

1. Entity Name
COLONY SERVICES, INC.



FILED
04 APR 30 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6057 DELLWOOD TERRACE
LABELLE, FL 33935**

Mailing Address
**P. O. BOX 1589
LABELLE, FL 33975 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04152004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2106931

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, WILLIAM R.
8191 COLLEGE PARKWAY
SUITE 204
FT. MYERS, FL 33919**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **SMITH, ROBERT W.**
STREET ADDRESS **15560 SR 80 SW**
CITY-ST-ZIP **MOORE HAVEN, FL 33471**

TITLE **D/P/T/S** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **DELUCA, MICHAEL J**
STREET ADDRESS **4451 CR 78 WEST**
CITY-ST-ZIP **LABELLE, FL 33935**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

700035734107
05/07/04--01019--028 Change Addition
\$61.25

TITLE **ST** Delete
NAME **SELPH, GLENDA B**
STREET ADDRESS **6831 CR 78 WEST**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

Robert W. Smith

4/21/04

863-675-2047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TR