

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 687135

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: COLONY SERVICES, INC.

## Current Principal Place of Business:

6057 DELLWOOD TERRACE  
LABELLE, FL 33935

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 1589  
LABELLE, FL 33975 US

## New Mailing Address:

FEI Number: 59-2106931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, ROBERT W.,  
Address: 15560 SR 80 SW  
City-St-Zip: MOORE HAVEN, FL 33471

Title: VP ( ) Delete  
Name: DELUCA, MICHAEL J  
Address: 4451 CR 78 WEST  
City-St-Zip: LABELLE, FL 33935

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DELUCA, MICHAEL J  
Address: 4451 CR 78 WEST  
City-St-Zip: LABELLE, FL 33935

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: DELUCA, MICHAEL J  
Address: 4451 CR 78 WEST  
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J DELUCA

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date