2006 NOT-FOR-PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # 749855** 1. Entity Name 04-03-2006 90404 038 ****61.25 COLONIAL ARMS MANAGEMENT, INC. Principal Place of Business Mailing Address 200 E 10TH AVE 200 E 10TH AVE BOX 1285 MT DORA FL 32757 MT DORA FL 32757 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For City & State 4. FEI Number City & State 59-2347538 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ACHESON, JAN 200 EAST TENTH AVE #5 Street Address (P.O. Box Number is Not Acceptable) MOUNT DORA FL 32757 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 signalure required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State $\gamma_{i}(\cdot,\cdot)$ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Delete TITLE TITLE PAD ILLA DWIGHT, DAVIS ANTONIO NAME 21741 LAKE SENECA RD 145 NO TREMAIN STREET ADDRESS STREET ADDRESS MOUNT DORA FL 32757 CITY-ST-ZIP CITY-ST-ZIP FL 32736-8305 VPD ☐ Change ☐ Addition ☐ Delete TITLE TITLE KARR, JEAN NAME NAME 200 EAST TENTH AVE #11 STREET ADDRESS STREET ADDRESS MOUNT DORA FL 32757 CITY-ST-ZIP CITY-ST-ZIP sr — Delete TITLE Change Addition TITLE ACHESON, JAN NAME NAME STREET ADDRESS STREET ADDRESS 200 E 10TH AVE., #15 MOUNT DORA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or pr f an attachmei s, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

JAN ACHESON - SECRETARY / TREAS.

☐ Change

Addition