

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754317

FILED
Feb 23, 2009
Secretary of State

Entity Name: COLONIAL HEIGHTS, INC.

Current Principal Place of Business:

C/O DUHON
6261 SE COLONIAL DRIVE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

C/O DUHON
6261 SE COLONIAL DRIVE
STUART, FL 34997

New Mailing Address:

FEI Number: 59-2388582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUHON, BOBBY D
6261 SE COLONIAL DR.
STUART, FL 349978253 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOMKOWICZ, VIRGINIA
Address: 6325 SE COLONIAL DRIVE
City-St-Zip: STUART, FL 34997

Title: VD () Delete
Name: SWEITZER, WAYNE
Address: 4479 S.E. MELODEE WAY
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: SINCLAIR, JOHN
Address: 6325 SE COLONIAL DR
City-St-Zip: STUART, FL 34997

Title: SD () Delete
Name: DUHON, BOBBY D
Address: 6261 SE COLONIAL DRIVE
City-St-Zip: STUART, FL

Title: WD () Delete
Name: SUMNER, RANDY
Address: 6301 S.E. COLONIAL DR
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY D. DUHON

SD

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date