


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000001236
 1. Entity Name
COLONIAL BROKERAGE, INC.



Principal Place of Business Mailing Address
ONE COMMERCE STREET **PO BOX 1108**
MONTGOMERY, AL 36104-3542 **MONTGOMERY, AL 36101-1108**

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
63-1262284 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	PCD
NAME	SANDERS, RANA S
STREET ADDRESS	11725 REDLAND ROAD
CITY-ST-ZIP	TALLESSEE, AL 36078
TITLE	T
NAME	JOHNSON, BETH
STREET ADDRESS	762 VALLEY RD
CITY-ST-ZIP	LOWNDESDOVE, AL 36752
TITLE	VP
NAME	REIMER, DAVID
STREET ADDRESS	ONE COMMERCE ST
CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	D
NAME	OAKLEY, W. FLAKE
STREET ADDRESS	509 COUNTY DOWNS RD
CITY-ST-ZIP	MONTGOMERY, AL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/27/05-80134-002 850.00

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: *Rana Sanders* *David Reimer* 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #