

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000001236**

1. Entity Name  
COLONIAL BROKERAGE, INC.



Principal Place of Business  
ONE COMMERCE STREET  
MONTGOMERY, AL 36104 US

Mailing Address  
ONE COMMERCE STREET, SUITE 303  
MONTGOMERY, AL 36404 US

**DO NOT WRITE IN THIS SPACE**



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**63-1262284**

Applied For  
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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000672082  
03/28/07-80054-007 750.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME GREEN, LINDA  
STREET ADDRESS ONE COMMERCE STREET  
CITY-ST-ZIP MONTGOMERY, AL 36104

TITLE T  
NAME JOHNSON, BETH  
STREET ADDRESS ONE COMMERCE STREET  
CITY-ST-ZIP MONTGOMERY, AL 36104

TITLE V  
NAME REIMER, DAVID  
STREET ADDRESS ONE COMMERCE STREET  
CITY-ST-ZIP MONTGOMERY, AL 36104

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #