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

03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____
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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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: _____ 3/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #