


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # F0600004669</b> 1. Entity Name COLONIAL ASSET MANAGEMENT, INC.	
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Principal Place of Business ONE COMMERCE STREET MONTGOMERY, AL 36104	Mailing Address ONE COMMERCE STREET MONTGOMERY, AL 36104
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**DO NOT WRITE IN THIS SPACE**



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 63-1204105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

U00000672083  
03/28/07-80054-007 750.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MOORE, SARAH H ONE COMMERCE STREET MONTGOMERY, AL 36104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REIMER, DAVID ONE COMMERCE STREET MONTGOMERY, AL 36104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINLEY, GAIL ONE COMMERCE STREET MONTGOMERY, AL 36104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, BETH ONE COMMERCE STREET MONTGOMERY, AL 36104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GREEN, LINDA ONE COMMERCE STREET MONTGOMERY, AL 36104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, PATTI ONE COMMERCE STREET MONTGOMERY, AL 36104

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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]* 3/2/07 Date Daytime Phone # \_\_\_\_\_