


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F06000004669 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"/>	\$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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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000672083 03/28/07-80054-007 750.00
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3/2/07</u>	Daytime Phone # _____
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