



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90011 049 ***150.00

| | | | |
|---|---|--|--|
| DOCUMENT # F06000004669 1. Entity Name COLONIAL ASSET MANAGEMENT, INC. | |  | |
| Principal Place of Business ONE COMMERCE STREET MONTGOMERY, AL 36104 | | Mailing Address ONE COMMERCE STREET MONTGOMERY, AL 36104 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address 100 Colonial Bank Blvd Suite, Apt. #, etc. Tax Dept - 4th FL City & State Montgomery, AL Zip Country 36117 USA | |
| | | 40023126  | |
| | | 01302008 Chg-P CR2E034 (12/06) | |
| | | 4. FEI Number 63-1204105 | |
| | | 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 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | PC MOORE, SARAH H ONE COMMERCE STREET MONTGOMERY, AL 36104 | <input type="checkbox"/> Delete | TITLE PC Linda Green 100 Colonial Bank Blvd Montgomery, AL 36117 YP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <u>David Reimer</u> <u>in Ann</u> <u>11/30/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |