

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90038 028 \*\*\*550.00

**DOCUMENT # F46637**

1. Entity Name  
**COLFORD ENTERPRISES, INC.**



Principal Place of Business  
**835 NE THIRD AVE.  
FT. LAUDERDALE, FL 33304**

Mailing Address  
**835 NE THIRD AVE.  
FT. LAUDERDALE, FL 33304**



05032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2129557**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**COLFORD, PATRICIA A.  
7761 NW 10TH STREET  
PLANTATION, FL 33322**

**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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	COLFORD, PATRICIA A
STREET ADDRESS	7761 NW 10TH STREET
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	V
NAME	PERKINS, MERLE R.
STREET ADDRESS	7761 NW 10TH STREET
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	S
NAME	<del>BRASWELL, GERTRUDE I.</del>
STREET ADDRESS	<del>7761 NW 10TH STREET</del>
CITY-ST-ZIP	<del>PLANTATION, FL 33322</del>
TITLE	T
NAME	HAYEK, JAMES A.
STREET ADDRESS	7761 NW 10TH STREET
CITY-ST-ZIP	PLANTATION, FL 33322
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 exemption stated in Section 119.07(3)(i), 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: *Patricia A. Colford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/05 954-463-0542  
Date Daytime Phone #