


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90002 050 ***550.00

DOCUMENT # F54848 1. Entity Name COLONIAL GROVES, INC.	
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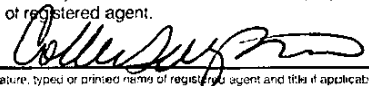
Principal Place of Business 125 SEAGRAPE CIR. PALM BEACH, FL 33480	Mailing Address 125 SEAGRAPE CIR. PALM BEACH, FL 33480
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

50053201

05062005 Chg-P CR2E034 (10/03)

4. FEI Number 98-0061170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEWOODY & CO P.A. 860 US HWY 1 SUITE 111 N PALM BEACH, FL 33408	
7. Name and Address of New Registered Agent Name Colleen DeWoody Bracci Street Address (P.O. Box Number is Not Acceptable) C/O Daszkal Bolton LLP 2401 PGA Blvd. Ste 196 City Palm Beach Gardens FL Zip Code 33410	

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.

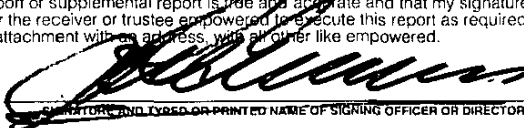
SIGNATURE  DATE **5/19/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST IN DER REIDEN, ANTHONY L CHARLOTTE HSE CHARLO ST NASSAU, BAHANAS 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **05/16/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR