

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90031 009 \*\*\*150.00

**DOCUMENT # F70579**

1. Entity Name

COLONIAL SALES AGENCY, INC.



Principal Place of Business

% JOHN R COTTRILL  
9550 E. COLUMBUS DRIVE  
TAMPA FL 33619

Mailing Address

% JOHN R COTTRILL  
9550 E. COLUMBUS DRIVE  
TAMPA FL 33619



2. Principal Place of Business - No P.O. Box #

5818 W Linebaugh Ave

3. Mailing Address

PO Box 271369

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

59-2166142

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

33688

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COTTRILL, JOHN R  
4210 DEEPWATER LANE  
TAMPA FL 33615

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME COTTRILL, JOHN R  
STREET ADDRESS 4210 DEEPWATER LN  
CITY-ST-ZIP TAMPA FL

TITLE DST  
NAME CALAHAN, CATHY  
STREET ADDRESS 9550 E COLUMBUS DR  
CITY-ST-ZIP TAMPA FL 33619

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*John Cottrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08  
Date

813-964-0400  
Daytime Phone #