

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90001 019 ***150.00

DOCUMENT # F96000005550					
1. Entity Name COLONIAL COMMERCIAL INVESTMENTS, INC.					
Principal Place of Business 2000 INTERSTATE PARK DR #400 MONTGOMERY, AL 36109			Mailing Address 2000 INTERSTATE PARK DR #400 MONTGOMERY, AL 36109		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 63-1138585	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VPD NAME LOWDER, THOMAS H STREET ADDRESS 2201 6TH AVE N #750 CITY-ST-ZIP BIRMINGHAM, AL 35203	<input type="checkbox"/> Delete		TITLE D NAME Lowder, Thomas H. STREET ADDRESS 2101 6th Ave. North #750 CITY-ST-ZIP Birmingham, AL 35202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DC-B NAME LOWDER, JAMES K STREET ADDRESS 2000 INTERSTATE PARK DR #400 CITY-ST-ZIP MONTGOMERY, AL 36109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AST NAME TUCKER, BRYAN K STREET ADDRESS 2000 INTERSTATE PARK DR., #306 CITY-ST-ZIP MONTGOMERY, AL 36109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2000 Interstate Park Dr. Suite 400 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PCES NAME MCLEOD, JR., P L STREET ADDRESS 2000 INTERSTATE PARK DR CITY-ST-ZIP MONTGOMERY, AL 36109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2000 Interstate Park Dr. Ste 400 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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 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 persons empowered.					
SIGNATURE: _____			8-23-06		334-270-0638
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #