

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90074 035 ***150.00

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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

40104990



02092007 Chg-P CR2E034 (12/06)

4. FEI Number
63-1138585

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOWDER, THOMAS H	
STREET ADDRESS	2101 6TH AVE NORTH #750	
CITY-ST-ZIP	BIRMINGHAM, AL 35202	
TITLE	DC-B	<input type="checkbox"/> Delete
NAME	LOWDER, JAMES K	
STREET ADDRESS	2000 INTERSTATE PARK DR #400	
CITY-ST-ZIP	MONTGOMERY, AL 36109	
TITLE	AST	<input type="checkbox"/> Delete
NAME	TUCKER, BRYAN K	
STREET ADDRESS	2000 INTERSTATE PARK DR SUITE 400	
CITY-ST-ZIP	MONTGOMERY, AL 36109	
TITLE	PCES	<input type="checkbox"/> Delete
NAME	MCLEOD, JR., P L	
STREET ADDRESS	2000 INTERSTATE PARK DR STE 400	
CITY-ST-ZIP	MONTGOMERY, AL 36109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN W. DOROUGH	
STREET ADDRESS	2000 INTERSTATE PARK DR STE 400	
CITY-ST-ZIP	MONTGOMERY, AL 36109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

Date

334-270-16038

Daytime Phone #