

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90033 023 ***150.00

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1. Entity Name

DIVERSIFIED INVESTMENTS - COLONY, INC.



Principal Place of Business

**7800 PERSIMMON TREE LANE, SUITE 100
BETHEDSA MD 20817
US**

Mailing Address

**7800 PERSIMMON TREE LANE, SUITE 100
BETHEDSA MD 20817
US**

2. Principal Place of Business

**3005 Douglas Blvd.
Suite, Apt. #, etc.
150**

3. Mailing Address

**3005 Douglas Blvd.
Suite, Apt. #, etc.
150**

City & State

Roseville, CA

City & State

Roseville, CA

Zip

95661

Country

USA

Zip

95661

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

52-2076227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITMIRE, DRENNE L JR.
249 ROYAL PALM WAY, SUITE 501
PALM BEACH FL 33480**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 **C** ☐ Delete
NAME **HAASE, BARRY**
STREET ADDRESS **7800 PERSIMMON TREE LANE, SUITE 100**
CITY-ST-ZIP **BETHEDSA MD 20817**

TITLE **DP** ☐ Delete
NAME **MOREAU, PHILIP**
STREET ADDRESS **7800 PERSIMMON TREE LANE, SUITE 100**
CITY-ST-ZIP **BETHEDSA MD 20817**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

2/20/06