

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90386 003 ***150.00

DOCUMENT # F98000004077

1. Entity Name

COLONY MANAGEMENT SERVICES, INC.



Principal Place of Business

9201 FOREST HILL AVE.
STE. 200
RICHMOND VA 23235

Mailing Address

9201 FOREST HILL AVE.
STE. 200
RICHMOND VA 23235

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

56-1737802

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301
*2731 Executive Park Dr.
Suite 4
Westin, FL 33331*

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, 2005 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	PD	<input type="checkbox"/> Delete
NAME	PIKINGTON, DALE H	
STREET ADDRESS	9201 FOREST HILL AVE STE 200	
CITY-ST-ZIP	RICHMOND VA 23235	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, MARK E III	
STREET ADDRESS	10101 REUNION PLACE, STE 500	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAUSHILL, MARK W	
STREET ADDRESS	10101 REUNION PLACE, STE 500	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	WILSON, SCOTT A	
STREET ADDRESS	9201 FOREST HILL AVE STE 200	
CITY-ST-ZIP	RICHMOND VA 23235	
TITLE	V	<input type="checkbox"/> Delete
NAME	KIMPFLER, GAIL	
STREET ADDRESS	9201 FOREST HILL AVE STE 100	
CITY-ST-ZIP	RICHMOND VA 23235	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	EARHART, STEVEN P	
STREET ADDRESS	9201 FOREST HILL DR., STE 200	
CITY-ST-ZIP	RICHMOND VA 23235	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	VP & Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Byron L. LeFlore Jr.	
STREET ADDRESS	10101 Reunion Place, Suite 500	
CITY-ST-ZIP	San Antonio, TX 78216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Scott Frazier	
STREET ADDRESS	9201 Forest Hill Ave., Suite 200	
CITY-ST-ZIP	Richmond, VA 23235	

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:

C. Scott Frazier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

804-327-8704
Daytime Phone #