

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90034 048 \*\*\*150.00

**DOCUMENT # F98000004077**

1. Entity Name  
COLONY MANAGEMENT SERVICES, INC.



Principal Place of Business  
8720 STONY POINT PKWY  
STE. 300  
RICHMOND, VA 23235

Mailing Address  
8720 STONY POINT PKWY  
STE. 300  
RICHMOND, VA 23235

40070453



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
56-1737802

Applied For  
Not Applicable

Zip

Country

Zip

Country

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.  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME PIKINGTON, DALE H  
STREET ADDRESS 9201 FOREST HILL AVE STE200  
CITY-ST-ZIP RICHMOND, VA 23235

TITLE ☒ Change ☐ Addition  
NAME **10101 Reunion Place**  
STREET ADDRESS **San Antonio, TX 78216**  
CITY-ST-ZIP

TITLE VC ☐ Delete  
NAME GRIFFIN, DOUGLAS W  
STREET ADDRESS 8720 STONEY POINT PKWY STE. 300  
CITY-ST-ZIP RICHMOND, VA 23235

TITLE ☐ Change ☒ Addition  
NAME **Secretary & Director**  
STREET ADDRESS **Craig Comeaux**  
CITY-ST-ZIP **10101 Reunion Place**  
**San Antonio, TX 78216**

TITLE P ☒ Delete  
NAME PILKINGTON, DALE  
STREET ADDRESS 8720 STONEY POINT PKWY STE. 300  
CITY-ST-ZIP RICHMOND, VA 23235

TITLE ☐ Change ☒ Addition  
NAME **VP and Director**  
STREET ADDRESS **Ronald Given**  
CITY-ST-ZIP **10101 Reunion Place**  
**San Antonio, TX 78216**

TITLE VAS ☒ Delete  
NAME LEFLORE, BYRON L JR  
STREET ADDRESS 10101 REUNION PLACE, STE 500  
CITY-ST-ZIP SAN ANTONIO, TX 78216

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **Lynn Guerin**  
CITY-ST-ZIP **10101 Reunion Place**  
**San Antonio, TX 78216**

TITLE V ☐ Delete  
NAME KIMPLER, GAIL  
STREET ADDRESS 9201 FOREST HILL AVE STE 100  
CITY-ST-ZIP RICHMOND, VA 23235

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

TITLE V ☒ Delete  
NAME FRAZIER, C. SCOTT  
STREET ADDRESS 9201 FOREST HILL AVE, STE 200  
CITY-ST-ZIP RICHMOND, VA 23235

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 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

Date

Daytime Phone #

*Douglas Griffin*  
**D. DOUGLAS GRIFFIN**

*11 APR 08*  
**11 APR 08 804 560 2968**