

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90001 049 ***150.00

DOCUMENT # G03465

1. Entity Name
COLONIAL TOURING ASSOCIATION, INC.



Principal Place of Business 685 MASON AVE
29 OLD KINGS RD., N. 685 MASON
#4A 9 VIA CAPRI
PALM COAST, FL 32137-8232 US 32119 PALM COAST, FL 32137 US 32119
Daytona Beach, FL Daytona Beach, FL



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2220522

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROBINSON, BEVERLY
9 VIA CAPRI
PALM COAST, FL 32137
Thomas H. Veal
2515 S. Atlantic Ave #203
Corona Beach, FL 32931

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IN THIS SPACE**

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 THOMAS H VEAL 1-20-04
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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<u>PSTD</u>
NAME	<u>ROBINSON, BEVERLY</u>
STREET ADDRESS	<u>9 VIA CAPRI</u>
CITY-ST-ZIP	<u>PALM COAST, FL 32137</u>
TITLE	<u>PSTD</u>
NAME	<u>Thomas H. Veal</u>
STREET ADDRESS	<u>2515 S. Atlantic Ave #203</u>
CITY-ST-ZIP	<u>Corona Beach, FL 32931</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Thomas H Veal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04 321 258 4848
Date Daytime Phone #