2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2004 8:00 am Secretary of State

Proceignal Place of Business 305 DOUGLAS AVE. ATAMONTE SPRINGS, FL 32714	DOCUMENT # H23499 1. Entity Name COLONIAL LAND COMPANY					03-19-2004 90063 035 ***150.00						
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current Registered Agent				News		7. Name and	Address of New R	egistered .	Agent		
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	FOREMAN	J STEPHEN E			Name	ame						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typec or printed name of registered agent and title of againcable. (NOTE Registered Agent algorative required whom remusating) DATE					Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	ALTAMON	ITE SPRINGS, FL 32714										
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12. Thereby certify that the information supplied with this filling 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 excursts and that my signature shall have the same least effect as if made under early that low an efficiency of fine to a		Lertify that the information supplied wit	h this filing does not qualify for			ed in Se	ction 119.07/3\/i). Florida Statutes 1	further cer	rtify that the in	formation	

12. Thereby certify that the information supplied with this filling 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 address, with all other like empowered.

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SMATUREAND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO

/19/04 (407) 862-590

STEAHEN F. FOREMAN