


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90060 048 ***150.00

DOCUMENT # J53132	
1. Entity Name	
COLONIAL ESTATES, INC.	

Principal Place of Business	Mailing Address
12375 MILITARY TRAIL. BOYNTON BEACH FL 33436	12375 MILITARY TRAIL. BOYNTON BEACH FL 33436

34033333



MOORE CR2E034 (11/03)

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	59-2762982	Applied For
		<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
IRVINE, DONALD T 12375 MILITARY TRAIL # 57 BOYNTON BEACH FL 33436

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 **DONALD T. IRVINE, PRESIDENT** **3/19/04**
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVINE, DONALD T	NAME	
STREET ADDRESS	12375 MILITARY TRAIL #57	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZADOURIAN, DOROTHY	NAME	
STREET ADDRESS	12375 MILITARY TR #248A	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, CARL	NAME	
STREET ADDRESS	12375 MILITARY TRAIL #26	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, JUNE F	NAME	MARINO, ANTHONY C
STREET ADDRESS	12375 MILITARY TR., #5	STREET ADDRESS	12375 MILITARY TRAIL # 17
CITY-ST-ZIP	BOYNTON BEACH FL 33436	CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JAMES	NAME	
STREET ADDRESS	12375 MILITARY TRAIL #157	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, WILLIAM	NAME	LEARY, EDWARD
STREET ADDRESS	12375 MILITARY TRAIL #207	STREET ADDRESS	12375 MILITARY TRAIL # 58
CITY-ST-ZIP	BOYNTON BEACH FL 33436	CITY-ST-ZIP	BOYNTON BEACH, FL 33436

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: *Donald T. Irvine* **DONALD T. IRVINE, PRESIDENT** **3/19/04 561-738-0620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #