

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90048 036 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                  |                                                                              |
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| <b>DOCUMENT # J53132</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                 |                                                                              |
| 1. Entity Name<br><b>COLONIAL ESTATES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                  |                                                                              |
| Principal Place of Business<br><b>12375 MILITARY TRAIL<br/>BOYNTON BEACH, FL 33436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | Mailing Address<br><b>12375 MILITARY TRAIL<br/>BOYNTON BEACH, FL 33436</b>                                                                                                       |                                                                              |
| 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<br><b>59-2762982</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                           |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | <b>\$8.75</b> Additional Fee Required                                                                                                                                            |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | 7. Name and Address of New Registered Agent                                                                                                                                      |                                                                              |
| <b>IRVINE, DONALD T</b><br><b>12375 MILITARY TRAIL # 57</b><br><b>BOYNTON BEACH, FL 33436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | Name<br><b>CARL MEYER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12375 MILITARY TRAIL #26</b><br><b>BOYNTON BEACH, FLA 33436</b><br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                                                                                                                                  |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                              |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                            |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>P</b><br><b>IRVINE, DONALD T</b><br><b>12375 MILITARY TRAIL #57</b><br><b>BOYNTON BEACH, FL 33436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>P</b><br><b>CARL MEYER</b><br><b>12375 MILITARY TRAIL #26</b><br><b>BOYNTON BEACH, FL 33436</b>                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>S</b><br><b>ZADOURIAN, DOROTHY</b><br><b>12375 MILITARY TR #248A</b><br><b>BOYNTON BEACH, FL 33436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>S</b><br><b>LEARY, EDWARD</b><br><b>12375 MILITARY TRAIL #58</b><br><b>BOYNTON BEACH, FL 33436</b>                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VP</b><br><b>MEYER, CARL</b><br><b>12375 MILITARY TRAIL #26</b><br><b>BOYNTON BEACH, FL 33436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VP</b><br><b>IRVINE, DONALD</b><br><b>12375 MILITARY TRAIL #57</b><br><b>BOYNTON BEACH, FL 33436</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>T</b><br><b>MARINO, ANTHONY C</b><br><b>12375 MILITARY TRAIL #17</b><br><b>BOYNTON BEACH, FL 33436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>D</b><br><b>VAN THOF, EDWARD</b><br><b>12375 MILITARY TRAIL #241</b><br><b>BOYNTON BEACH, FL 33436</b>                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>D</b><br><b>WILSON, JAMES</b><br><b>12375 MILITARY TRAIL #157</b><br><b>BOYNTON BEACH, FL 33436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>D</b><br><b>INSKO, RUSSELL</b><br><b>12375 MILITARY TRAIL #7</b><br><b>BOYNTON BEACH, FL 33436</b>                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>D</b><br><b>LEARY, EDWARD</b><br><b>12375 MILITARY TRAIL #58</b><br><b>BOYNTON BEACH, FL 33436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Delete |                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <i>Anthony C Marino</i> <b>ANTHONY C MARINO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | TREASURER<br><i>3/28/05</i> <b>3/28/05</b> <b>(84) 735-0620</b>                                                                                                                  |                                                                              |