


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90298 006 ***150.00

DOCUMENT # J53132 1. Entity Name COLONIAL ESTATES, INC.	
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Principal Place of Business 12375 MILITARY TRAIL BOYNTON BEACH, FL 33436	Mailing Address 12375 MILITARY TRAIL BOYNTON BEACH, FL 33436
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

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	

6. Name and Address of Current Registered Agent

**MEYER, CARL
12375 MILITARY TRAIL # 26
BOYNTON BEACH, FL 33436**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE P	NAME MEYER, CARL
STREET ADDRESS 12375 MILITARY TRAIL #26	
CITY-ST-ZIP BOYNTON BEACH, FL 33436	
TITLE S	NAME JAMES WILSON #157
STREET ADDRESS 12375 MILITARY TRAIL #58	
CITY-ST-ZIP BOYNTON BEACH, FL 33436	
TITLE VP	NAME RUSSELL INSKO #7
STREET ADDRESS 12375 MILITARY TRAIL #58	
CITY-ST-ZIP BOYNTON BEACH, FL 33436	
TITLE T	NAME MARINO, ANTHONY C
STREET ADDRESS 12375 MILITARY TRAIL #17	
CITY-ST-ZIP BOYNTON BEACH, FL 33436	
TITLE D	NAME JACKIE SYLVIA #143
STREET ADDRESS 12375 MILITARY TRAIL #15	
CITY-ST-ZIP BOYNTON BEACH, FL 33436	
TITLE D	NAME VAN THOF, EDWARD
STREET ADDRESS 12375 MILITARY TRAIL #241	
CITY-ST-ZIP BOYNTON BEACH, FL 33436	

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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: Anthony C Marino TRHS Anthony C Marino **4/18/06** **561-738-0620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #