

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90194 022 ***150.00

DOCUMENT # J53132 1. Entity Name COLONIAL ESTATES, INC.					
Principal Place of Business 12375 MILITARY TRAIL. BOYNTON BEACH, FL 33436			Mailing Address 12375 MILITARY TRAIL. BOYNTON BEACH, FL 33436		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2762982 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		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				7. Name and Address of New Registered Agent Name RUSSELL INSKO Street Address (P.O. Box Number is Not Acceptable) 12375 MILITARY TRAIL # 7 BOYNTON BEACH 33436 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 <i>Russell Insko</i> RUSSELL INSKO - PRESIDENT 4/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, CARL 12375 MILITARY TRAIL #26 BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MEYER, CARL 12375 S. MILITARY TR. # 26 BOYNTON BEACH, FL. 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, JAMES 12375 MILITARY TR. #157 BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INSKO, RUSSELL 12375 MILITARY TR. #7 BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RUSSELL INSKO 12375 S. MILITARY TR. # 7 BOYNTON BEACH FL. 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARINO, ANTHONY C 12375 MILITARY TRAIL #17 BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ANNE ELLIS 12375 MILITARY TR. # 36A BOYNTON BEACH, FL. 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVIA, JACKIE 12375 MILITARY TR. #143 BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN THOF, EDWARD 12375 MILITARY TRAIL #241 BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ED LONG WORTH 12375 MILITARY TR. # 179 BOYNTON BEACH FL. 33436
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: <i>Russell Insko</i> RUSSELL INSKO 4/16/07 954-303-0627 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					