

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-01-2006 90303 030 ***150.00

DOCUMENT # K40742

1. Entity Name

J. J. K. -COLONIAL DRIVE REALTY DEVELOPMENT
CORP.



Principal Place of Business

C/O GRANITO
7139 TIMBER DR
WINTER PARK FL 32792
US

Mailing Address

C/O GRANITO
7139 TIMBER DR
WINTER PARK FL 32792
US

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
59-2914530

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANITO, MARGARET P.
7139 TIMBER DR.
~~4885 PALM AVENUE N., SUITE 220~~
WINTER PARK FL 32792

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

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, 2006 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHUDNOFF, JAY
2000 S. ORANGE AVE.
ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIEGEL, JOHN J.
2000 S. ORANGE AVE.
ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -
- - - - -
- - - - -

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -
- - - - -
- - - - -

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -
- - - - -
- - - - -

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -
- - - - -
- - - - -

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -
- - - - -
- - - - -

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -
- - - - -
- - - - -

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -
- - - - -
- - - - -

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -
- - - - -
- - - - -

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -
- - - - -
- - - - -

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -
- - - - -
- - - - -

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Chudnoff 3/9/06 4076771974
Date Daytime Phone #