## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2004 08:00 AM Secretary of State

2251-261-2625 Daythre Prone #

DOCUMENT # L39663  1. Entity Name COLONIAL SQUARE REALTY, INC.					Secretary of State
Principal Place 1164 GOODI NAPLES, FL	ETTE RD I	iailing Address PO BOX 10608 VAPLES, FL 34101 US			
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				02262004 <b>4.</b> FEI Number 65-016	
	LIFFORD A.	notes rigeria	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  Signature, typed or printed name of registered agent and title II applicable.  (FIOTE, Registered Agent signature required when refiniteding)  DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees	U00000107593 04/09/04-80021-011 150.00
10. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE	P OLSON, CLIFFORD A. 1164 GOODLETTE RD NAPLES, FL 34102 VPT	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PRICE, TAMMY S 1164 GOODLETTE RD NAPLES, FL 34102				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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					