


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90314 048 ***150.00

DOCUMENT # L54699

1. Entity Name
COLONIAL SQUARE SHOPPING CENTER INC.



Principal Place of Business Mailing Address

**8250 NORTHWEST 136TH AVENUE ROAD
 OCALA FL 34482
 US**

**138 PALM COAST PKWY NE
 #334
 PALM COAST FL 32137
 US**

94049903



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

138 Palm Coast Pkwy. NE **138 Palm Coast Pkwy. NE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

#334 **#334**

City & State City & State

Palm Coast, FL **Palm Coast, FL**

4. FEI Number Applied For

65-0178448 Not Applicable

Zip Country Zip Country

32137 **USA** **32137** **USA**

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

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6. Name and Address of Current Registered Agent

**O'REILLY, LAWRENCE
 5 CORONA COURT
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name: **Lawrence P. O'Reilly**

Street Address (P.O. Box Number is Not Acceptable): **146 Island Estates Pkwy.**

City: **Palm Coast** FL Zip Code: **32137**

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: *Lawrence P. O'Reilly* DATE: **4-8-04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when/constating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	O'REILLY, LAWRENCE P	
STREET ADDRESS	5 CORONA COURT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	PT	<input type="checkbox"/> Delete
NAME	O'REILLY, ELLEEN M	
STREET ADDRESS	5 CORONA CT.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Reilly, Lawrence P.	
STREET ADDRESS	146 Island Estates Pkwy.	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Reilly, Eileen M.	
STREET ADDRESS	146 Island Estates Pkwy.	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Lawrence P. O'Reilly* DATE: **4-8-04** DAYTIME PHONE #: **(386) 446-8813**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR