


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L54699 1. Entity Name COLONIAL SQUARE SHOPPING CENTER INC.	
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Principal Place of Business 138 PALM COAST PKWY NE # 334 PALM COAST, FL 32137 US	Mailing Address 138 PALM COAST PKWY NE # 334 PALM COAST, FL 32137 US
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**DO NOT WRITE IN THIS SPACE**

03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0178448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 O'REILLY, LAWRENCE  
 146 ISLAND ESTATES PKWY  
 PALM COAST, FL 32137

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV O'REILLY, LAWRENCE P 146 ISLAND ESTATES PKWY PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT OREILLY, ELLEEN M 146 ISLAND ESTATES PKWY PALM COAST, FL 32137
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140000293540  
 04/08/05-80034-1113 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 4-6-05 Daytime Phone #: 386-446-8813  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR