

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007352

FILED
Apr 05, 2009
Secretary of State

Entity Name: COLTALLY, INC.

Current Principal Place of Business:

3250 CAROLLTON DRIVE
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

3250 CAROLLTON DRIVE
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 26-3091979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEANS, MARIA PATRICIA
3250 CAROLLTON DRIVE
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JEANS, MARIA PATRICIA
Address: 3250 CAROLLTON DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP () Delete
Name: AVENDANO, MANUEL
Address: 151 BLISS DR., APT 1
City-St-Zip: TALLAHASSEE, FL 32310

Title: T () Delete
Name: SULLIVAN, CLAUDIA
Address: 1232 GLENNRIDGE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: JOHNS, CLAUDIA
Address: 3356 DRY CREEK DR
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA SULLIVAN

T

04/05/2009

Electronic Signature of Signing Officer or Director

Date