


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT# P01000079048		
1. Entity Name COLONIALTOWN HILLCREST, INC.		
Principal Place of Business 505 N. MILLS AVE. 100 ORLANDO, FL 32803	Mailing Address 505 N. MILLS AVE. 100 ORLANDO, FL 32803	



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3749626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

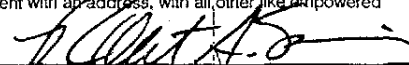
6. Name and Address of Current Registered Agent G&L AGENT SERVICES, INC. 390 NORTH ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			<p>U000000171733 09/08/04-80003-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SELF, JAMES W JR 505 N. MILLS AVE., SUITE 100 ORLANDO, FL 32803		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, ROBERT A 505 N. HILLS AVE., SUITE 100 ORLANDO, FL 32803		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 	Date: 9/1/04	Daytime Phone #: 407-898-9306
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