

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114437

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** COLLEY FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

209 US HWY 27 SOUTH  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

505 W INTERLAKE BLVD  
LAKE PLACID, FL 33852 US

**Current Mailing Address:**

209 US HWY 27 SOUTH  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

505 W INTERLAKE BLVD  
LAKE PLACID, FL 33852 US

**FEI Number:** 65-1158481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLEY, FRANCES A  
515 HIGHLANDS LAKE DRIVE  
LAKE PLACID, FL 33852 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** COLLEY, SUSAN L  
**Address:** 300 HIGHLANDS LAKE DR  
**City-St-Zip:** LAKE PLACID, FL 33852 US

**Title:** VTD  
**Name:** COLLEY, FRANCES A  
**Address:** 515 HIGHLANDS LAKE DR  
**City-St-Zip:** LAKE PLACID, FL 33852 US

**Title:** D  
**Name:** COLLEY, JAMES A  
**Address:** 300 HIGHLANDS LAKE DR  
**City-St-Zip:** LAKE PLACID, FL 33852 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SUSAN L COLLEY

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04/20/2010

Electronic Signature of Signing Officer or Director

Date