

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90204 019 \*\*\*150.00

**DOCUMENT # P02000045284**

1. Entity Name  
**COLONIAL MANAGER, INC.**



Principal Place of Business  
**2200 CORPORATE BLVD., N.W.  
SUITE 401  
BOCA RATON, FL 33431**

Mailing Address  
**2200 CORPORATE BLVD., N.W.  
SUITE 401  
BOCA RATON, FL 33431**

**54044932**



2. Principal Place of Business  
**2200 NW Corporate Blvd.  
Suite, Apt. #, etc.  
Suite 401**

3. Mailing Address  
**2200 NW Corporate Blvd.  
Suite, Apt. #, etc.  
Suite 401**

03102004 Chg-P CR2E034 (10/03)

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

4. FEI Number  
**22-3858251**

Applied For  
Not Applicable

Zip  
**33431**

Country  
**US**

Zip  
**33431**

Country  
**US**

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

**6. Name and Address of Current Registered Agent**

**HCRM CORP  
2200 CORPORATE BLVD., N.W.  
SUITE 401  
BOCA RATON, FL 33431**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2200 NW Corporate Blvd., Suite 401**

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
**CHD  
DUPREY, LAWRENCE A  
2200 CORPORATE BLVD NW SUITE 401  
BOCA RATON, FL 33431** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CSD  
COOK, JOSEPH R  
2200 CORPORATE BLVD NW SUITE 401  
BOCA RATON, FL 33431** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
ADACHE, DANIEL E  
555 S. FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
KRYSTOFF, JERROLD R  
555 S. FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☒ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph R. Cook**

**4/22/04**

Date

**561-997-9223**

Daytime Phone #