

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006578

Entity Name: COLOR, INCORPORATED

FILED
Jan 26, 2005
Secretary of State

Current Principal Place of Business:

3161 ELIZA ROAD
SUITE 1
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1350 E-4 E TENNESSEE ST, #252
TALLAHASSEE, FL 32308

New Mailing Address:

3161 ELIZA ROAD
SUITE 1
TALLAHASSEE, FL 32308

FEI Number: 02-0665498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOUCHSTONE, MICHELLE W
1002 BROOKWOOD DR
TALLAHASSEE, FL 32308 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: PD () Delete
Name: TOUCHSTONE, MICHELLE W
Address: 1002 BROOKWOOD DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: WHEELER, KAY S
Address: 2929 WOODSIDE DR.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE W. TOUCHSTONE

PD

01/26/2005

Electronic Signature of Signing Officer or Director

_____ Date