


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90281 007 \*\*\*150.00

<b>DOCUMENT # P03000006608</b> 1. Entity Name <b>COLONIAL LAND COMPANY OF FLAGLER COUNTY, INC.</b>			
Principal Place of Business <b>17 GREY DAPPLE WAY ORMOND BEACH, FL 32174</b>		Mailing Address <b>17 GREY DAPPLE WAY ORMOND BEACH, FL 32174</b>	
2. Principal Place of Business <b>4 Old Kings Road North</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Palm Coast, FL</b>		3. Mailing Address <b>4 Old Kings Road North</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Palm Coast, FL</b>	
Zip <b>32137</b>		Country <b>Flagler</b>	
4. FEI Number <b>86-1089473</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAMPBELL, ARTHUR O 17 GREY DAPPLE WAY ORMOND BEACH, FL 32174</b>		7. Name and Address of New Registered Agent Name <b>Michael D. Chiumento III</b> Street Address (P.O. Box Number is Not Acceptable) <b>4 Old Kings Road North</b> <b>Suite B</b> City <b>Palm Coast</b>	
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 <b>Michael D. Chiumento III</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/13/05</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JERRY S SR 1221 DUNLWATON AVENUE PORT ORANGE, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael D. Chiumento, III 4 Old Kings Road North, Suite B Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CAMPBELL, ARTHUR O 17 GREY DAPPLE WAY ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Robert Masters 5 Blue Heron Ln. Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D William Bexley 5 Boulder Rock Drive Palm Coast, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D William Bexley 5 Boulder Rock Drive Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <b>Michael D. Chiumento III</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>4/13/05</b>	
386-445-8900		Daytime Phone #	