## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000077128

Title:

Name:

Address:

City-St-Zip:

Entity Name: ELOBIDA COLONIAL HOLDING

FILED Apr 17, 2009 Secretary of State

Entity Name: FLORIDA COLONIAL HOLDINGS, INC. **Current Principal Place of Business: New Principal Place of Business:** 6101 JONES ROAD JACKSONVILLE, FL 32219 **Current Mailing Address: New Mailing Address:** 6101 JONES ROAD JACKSONVILLE, FL 32219 FEI Number: 16-1765653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REED, BEN E 6101 JONES ROAD JACKSONVILLE, FL 32219 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOC () Delete Title: () Change () Addition Name: REED, BEN E Name: 6101 JONES RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: Title: PD Title: () Delete (X) Change ( ) Addition Name: GIDDENS, GIDDEN B Name: GIDDENS, GIDDEN B 12156 RIVERGATE WAY 12156 RIVERGATE WAY Address: Address: BRYCEVILLE, FL 32209 BRYCEVILLE, FL 32009 City-St-Zip: City-St-Zip: Title: () Delete (X) Change ( ) Addition Title: GIDDENS, LINDA R GIDDENS, LINDA R Name: Name: 12156 RIVERGATE WAY 12156 RIVERGATE WAY Address: Address: City-St-Zip: BRYCEVILLE, FL 32209 City-St-Zip: BRYCEVILLE, FL 32009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BEN E. REED CEOC 04/17/2009

() Delete

JACKSONVILLE, FL 32219

REED, REBA F

6101 JONES RD

() Change () Addition