2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000104899

1. Entity Name
COLITAL, INC.

Principal Place of Business	Mailing Address
6814 GULF OF MEXICO DR	6814 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228	LONGBOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE

04022008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
13-4339741	Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, LAWRENCE W
4208 32ND AVENUE WEST
SARASOTA, FL 34205

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

04/22/08-01065-013 150.00

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	SMITH, LAWRENCE W
STREET ADDRESS	4208 32ND AVENUE WEST
CITY-ST-ZIP	SARASOTA, FL 34205
TITLE	VP
NAME	GRUBER, DOUGLAS P
STREET ADDRESS	3742 FERGUSON STREET
CITY-ST-ZIP	SARASOTA, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Laurence W Smith_   4/8/08   941-383-2590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #