

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000052422

1. Entity Name
COLONIAL CONTRACTING OF SWFL, INC.



Principal Place of Business
**2155 ANDREA LN
STE C-2
FT MYERS, FL 33912-1923 US**

Mailing Address
**14837 MARTIN DR
FT MYERS, FL 33908 US**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0501446	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GOFF, EDWIN W
14837 MARTIN DR
FT MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

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**

1100000098727
03/29/04-80052-010 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOFF, EDWIN W. 14837 MARTIN DR FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GOFF, STEPHANIE W 14837 MARTIN DR FT MYERS, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/26/04 (239)
267-5541

Date

Daytime Phone #