


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 07, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P94000052422</b> 1. Entity Name <b>COLONIAL CONTRACTING OF SWFL, INC.</b>	
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<b>Principal Place of Business</b> 2155 ANDREA LN STE C-2 FT MYERS, FL 33912-1923 US	<b>Mailing Address</b> 14837 MARTIN DR FT MYERS, FL 33908 US
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03212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0501446</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  GOFF, EDWIN W 14837 MARTIN DR FT MYERS, FL 33908
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**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 the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

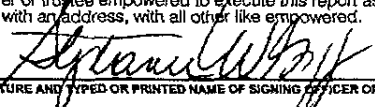
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>	
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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04/22/06-80046-001 158.75

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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:**  **STEPHANIE W. GOFF** 4/5/06 (239) 267-5541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #