2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2004 08:00 AM Secretary of State

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DOCUMENT # PS 1. Entity Name COLORADO EAST, INC			
Principal Place of Business RICHARD COTTER ESQUIRE 6100 ESTERO BLVD FT MYERS BEACH, FL 33931	US	Mailing Address RICHARD COTTER ESQUIRE 6100 ESTERO BLVD FT MYERS BEACH, FL 33931	us

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 65-0542470 Not Applicable \$8.75 Additional \square , 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

RICHARD T. COTTER, P.A. 6100 ESTERO BLVD. FORT MYERS BEACH, FL 33931

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acco	ept
SIGNATURE.	Signature typed or printed name of registered agent and oils	if applicable (NOTE Figure ed	Ageol signature	required when respitating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRIS, WAKYN % 6100 ESTERO BLVD. FT MYERS BEACH, FL 33931				U00000081402 - 03/08/04-80147-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, RICHARD % 6100 ESTERO BLVD. FT MYERS BEACH, FL 33931					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D WHITE, HEIDI % 6100 ESTERO BLVD. FT MYERS BEACH, FL 33931			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERREIRA, STACEY % 6100 ESTERO BLVD. FT MYERS BEACH, FL 33931			IN	THIS SPACE	
NAME STREET ADDRESS CLTY-ST-ZIP	D CORAZZA, GRETA 6100 ESTERO BLVD FT MYERS BEACH, FL			<u></u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINFRIED, DANA % 6100 ESTERO BLVD. FT MYERS BEACH, FL 33931	illing chose not qualify for the even	motion state	d in Section 119 07/3)(i), Florida Statutes. I further certify that the informatic	
i i i i i di etty	certify that the shorthadon supplied with this t	ming does not querry for the exer	- pull bo	o the name tend offe	Any rionada and de path, that I am an officer or direc	

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: