

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90213 042 ***150.00

DOCUMENT # P95000003074

1. Entity Name
COLONIAL DEVELOPMENT GROUP, INC.



Principal Place of Business
**1505 E COLONIAL DR
ORLANDO, FL 32803 US**

Mailing Address
**1505 E COLONIAL DR
ORLANDO, FL 32803 US**

50016933



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3291774

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHUFFIELD, CHARLES W
315 E ROBINSON ST
SUITE 600
ORLANDO, FL 32801**

*Address
change ->*

Name

Street Address (P.O. Box Number is Not Acceptable)

1000 Legion Place

Suite 1700

City

Orlando

FL

Zip Code

32801

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BARTON, JR., DONALDSON K**
STREET ADDRESS **4609 MATTIE COURT**
CITY - ST - ZIP **ORLANDO, FL 32817**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **S** ☐ Delete
NAME **SMITH, JR., LAWRENCE L**
STREET ADDRESS **4120 BOUNCE DRIVE**
CITY - ST - ZIP **ORLANDO, FL 32812**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **AT** ☐ Delete
NAME **CUSHMAN, LUCIUS JR.**
STREET ADDRESS **716 FLORIDA BLVD**
CITY - ST - ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **T** ☐ Delete
NAME **PRECOURT, STEPHEN L**
STREET ADDRESS **3403 KING GEORGE DRIVE**
CITY - ST - ZIP **ORLANDO, FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VP** ☐ Delete
NAME **MEADOWS, JON S**
STREET ADDRESS **1160 BANBURY TRAIL**
CITY - ST - ZIP **MAITLAND, FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VP** ☐ Delete
NAME **BARTON, SR., DONALDSON K**
STREET ADDRESS **344 SWAN SEA COURT**
CITY - ST - ZIP **OVIDO, FL 32765**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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 live employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donaldson K. Barton Jr.

Date

Daytime Phone #

4/25/06

407-896-0594