

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002756

FILED
Feb 21, 2005
Secretary of State

Entity Name: THE COLONEY COMPANY OF TALLAHASSEE

Current Principal Place of Business:

1520 KILLEARN CENTER BLVD
STE 200
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

1520 KILLEARN CENTER BLVD
STE 200
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-3351843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELL, JOHN T
503 MC DANIEL ST.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BELL, JOHN T
Address: 503 MCDANIEL ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VTD () Delete
Name: BELL, KATHRYN G
Address: 503 MCDANILE ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: BELL, ALLEN H
Address: 3537 HIGHER GROUND ROAD
City-St-Zip: LAUREL HILL, FL

Title: D () Delete
Name: LEONARD, COMAN
Address: 3050 W THARPE ST
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. BELL

PRE

02/21/2005

Electronic Signature of Signing Officer or Director

_____ Date