2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002756

Address:

City-St-Zip:

3050 W THARPE ST

TALLAHASSEE, FL 32303

Entity Name: THE COLONEY COMPANY OF TALLAHASSEE

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1520 KILLEARN CENTER BLVD		1624 VILLAGE SQUARE BLVD.			
STE 200 TALLAHA	00 STE 101 AHASSEE, FL 32309 US TALLAHASSEE, FL 32309 US		2309 US		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1520 KILLEARN CENTER BLVD		1624 VILLAGE SQUARE BLVD.			
STE 200 TALLAHA	SSEE, FL 32309 US		STE 101 TALLAHASSEE, FL 32309 US		
FEI Number	: 59-3351843	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address of	f New Registered Agent:	
BELL, JOH 503 MC DA TALLAHAS		3 US			
	e named entity so e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI					
		Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PSD ()[BELL, JOHN T 503 MCDANIEL S TALLAHASSEE,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VTD () [BELL, KATHRYN 503 MCDANILE S TALLAHASSEE,	ST.	Name: BELL, KATH Address: 503 MCDAN		
Title: Name: Address: City-St-Zip:	D () [BELL, ALLEN H 3537 HIGHER GI LAUREL HILL, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()[Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: JOHN T. BELL P 04/06/2006