


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90185 010 ***150.00

DOCUMENT # P96000102661 1. Entity Name KOLAR INVESTMENT ADVISORS, INC.					
Principal Place of Business 36 SEA MARSH RD AMELIA ISLAND, FL 32034 US			Mailing Address 36 SEA MARSH RD AMELIA ISLAND, FL 32204		
2. Principal Place of Business - No P.O. Box # 40 ERIC S. KOLAR PA		3. Mailing Address 40 ERIC S. KOLAR			
Suite, Apt. #, etc. 3305 ATLANTIC BLVD		Suite, Apt. #, etc. 3305 ATLANTIC BLVD			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL			
Zip 32207		Country USA		4. FEI Number 59-3418680	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOLAR, RONALD E 36 SEA MARSH RD AMELIA ISLAND, FL 32034			7. Name and Address of New Registered Agent Name KOLAR ERIC S. Street Address (P.O. Box Number is Not Acceptable) 3305 ATLANTIC BLVD City JACKSONVILLE FL 32207		
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 <u><i>[Signature]</i></u> ERIC S. KOLAR 4/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT KOLAR, RONALD E 36 SEA MARSH RD AMELIA ISLAND, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD KOLAR, JANET H 36 SEA MARSH RD AMELIA ISLAND, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS D ERIC S. KOLAR 3305 ATLANTIC BLVD JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ALAN E. KOLAR 2029 COMPANERO AVE ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> ERIC S. KOLAR			4/10/07 904-396-0009 <small>Date Daytime Phone</small>		