

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90271 020 ***158.75

DOCUMENT # P97000048221

1. Entity Name

COLONIAL RESEARCH SYSTEMS, INC.



Principal Place of Business

1550 WEST 84TH STREET #12
HIALEAH FL 33014

Mailing Address

P.O. BOX 309
KENSINGTON MD 20895

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0765546

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATTS, JAMES
1550 WEST 84TH STREET #12
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WATTS, JAMES A	
STREET ADDRESS	1550 WEST 84TH STREET #12	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	GREGORY, C LEE	
STREET ADDRESS	3135-2 UNIVERSITY BLVD	
CITY-ST-ZIP	KENSINGTON MD 20895	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLDER, SUSAN E	
STREET ADDRESS	3135-2 UNIVERSITY BLVD	
CITY-ST-ZIP	KENSINGTON MD 20895	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLDER, THERESA L	
STREET ADDRESS	4708 WILWYN WAY	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VPOD	<input type="checkbox"/> Delete
NAME	HOLDER, WILLIAM W	
STREET ADDRESS	4708 WILWYN WAY	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOLDER, DANIEL W	
STREET ADDRESS	9604 RUSTIC MANOR CT	
CITY-ST-ZIP	GAITHERSBURG MD 20882	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Theresa L. Holder* THERESA L. HOLDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-04 305-822-4042

1-866-456-0866 or