


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90069 020 ***150.00

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		3. Mailing Address 1550 W. 84th St. Suite, Apt. #, etc. 12			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State HIALEAH, FL			
Zip	Country	Zip 33014	Country USA	4. FEI Number 65-0765546	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PD	NAME WATTS, JAMES A		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1550 WEST 84TH STREET #12	CITY-ST-ZIP HIALEAH, FL 33014			STREET ADDRESS 4708 WILWYN WAY	CITY-ST-ZIP ROCKVILLE, MD 20852
TITLE SVPD	NAME GREGORY, C LEE		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3135-2 UNIVERSITY BLVD	CITY-ST-ZIP KENSINGTON, MD 20895			STREET ADDRESS 4708 WILWYN WAY	CITY-ST-ZIP ROCKVILLE, MD 20852
TITLE TD	NAME HOLDER, SUSAN E		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3135-2 UNIVERSITY BLVD	CITY-ST-ZIP KENSINGTON, MD 20895			STREET ADDRESS 4708 WILWYN WAY	CITY-ST-ZIP ROCKVILLE, MD 20852
TITLE SD	NAME HOLDER, THERESA L		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4708 WILWYN WAY	CITY-ST-ZIP ROCKVILLE, MD 20852			STREET ADDRESS 4708 WILWYN WAY	CITY-ST-ZIP ROCKVILLE, MD 20852
TITLE VPOD	NAME HOLDER, WILLIAM W		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4708 WILWYN WAY	CITY-ST-ZIP ROCKVILLE, MD 20852			STREET ADDRESS 4708 WILWYN WAY	CITY-ST-ZIP ROCKVILLE, MD 20852
TITLE VPD	NAME HOLDER, DANIEL W		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9604 RUSTIC MANOR CT	CITY-ST-ZIP GAITHERSBURG, MD 20882			STREET ADDRESS 4708 WILWYN WAY	CITY-ST-ZIP ROCKVILLE, MD 20852
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: <i>Theresa L. Holder</i>			3/25/05 ✓ 305-822-4042		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THERESA L. HOLDER			Date Daytime Phone #		

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