
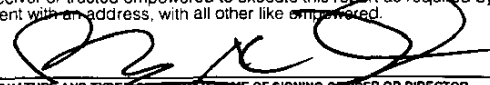


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90074 034 ***150.00

DOCUMENT # P98000012760					
1. Entity Name COLONIAL HOMES INC.					
Principal Place of Business 2000 INTERSTATE PARK DRIVE SUITE 400 MONTGOMERY, AL 36142-0001			Mailing Address 2000 INTERSTATE PARK DRIVE SUITE 400 MONTGOMERY, AL 36142-0001		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 63-1195480	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			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 _____ <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	COBD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWDER, JAMES K		NAME		
STREET ADDRESS	2000 INTERSTATE PARK DRIVE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY, AL 361420001		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWDER, THOMAS H		NAME		
STREET ADDRESS	2000 INTERSTATE PARK DRIVE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY, AL 361420001		CITY-ST-ZIP		
TITLE	AST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUCKER, BRYAN K		NAME		
STREET ADDRESS	2000 INTERSTATE PARK DR		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY, AL 36109		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARRIOR, ALAN S		NAME		
STREET ADDRESS	2000 INTERSTATE PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY, AL 36109		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLEOD, P.L. JR		NAME		
STREET ADDRESS	2000 INTERSTATE PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY, AL 36109		CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERSICHELLI, ANTHONY		NAME		
STREET ADDRESS	2000 INTERSTATE PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY, AL 36109		CITY-ST-ZIP		
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: 			4-25-07 334-270-6638		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		