


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90038 040 ***150.00

DOCUMENT # P98000039177 1. Entity Name COLNU CORP.																											
Principal Place of Business 3796 QUAIL RIDGE DRIVE BOYNTON BEACH, FL 33434		Mailing Address 3796 QUAIL RIDGE DRIVE BOYNTON BEACH, FL 33434																									
2. Principal Place of Business 321 Royal Poinciana Plaza South <small>Suite, Apt. #, etc.</small>		3. Mailing Address 224 Cedar Club Circle <small>Suite, Apt. #, etc.</small>																									
City & State Palm Beach, FL Zip 33480		City & State Chapel Hill, NC Zip 27517																									
Country USA		Country USA																									
4. FEI Number 65-0831396		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent NUGENT, MARGARET C 3796 QUAIL RIDGE DRIVE BOYNTON BEACH, FL 33434		7. Name and Address of New Registered Agent Name Neal Knight, Alley, Maass, Rogers & Lindsay PA Street Address (P.O. Box Number is Not Acceptable) 321 Royal Poinciana Plaza South City Palm Beach FL Zip Code 33480																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NUGENT, MARGARET C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3796 QUAIL RIDGE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33434</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	NUGENT, MARGARET C		STREET ADDRESS	3796 QUAIL RIDGE DRIVE		CITY-ST-ZIP	BOYNTON BEACH, FL 33434		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td>224 Cedar Club Circle</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Chapel Hill, NC 27517</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		NAME	224 Cedar Club Circle		STREET ADDRESS	Chapel Hill, NC 27517		CITY-ST-ZIP		
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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: <u>Margaret C. Nugent</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/15/05</u> <small>Date</small>																									
Daytime Phone # _____		_____																									