


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90040 010 \*\*\*550.00

<b>DOCUMENT # P98000106316</b>	
1. Entity Name: COLONIAL CLAIMS CORPORATION	

Principal Place of Business 801 94TH AVENUE NORTH SAINT PETERSBURG, FL 33702	Mailing Address 801 94TH AVENUE NORTH SAINT PETERSBURG, FL 33702
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**50061857**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08032005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3548430	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Name <u>FELICIA BRANHAM</u>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<u>147 EDGEWATER DRIVE</u>	
		City <u>DUNEDIN</u>	FL Zip Code <u>34698</u>

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: Felicia Branham (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D MUMA, LESLIE M 255 FISERV DRIVE BROOKFIELD, WI 53045 <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	VP JENSEN, KENNETH R 255 FISERV DRIVE BROOKFIELD, WI 53045 <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	S SPRAGUE, CHARLES W 255 FISERV DRIVE BROOKFIELD, WI 53045 <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	P BRANHAM, J. DOUGLAS 801 94TH AVE. NORTH SAINT PETERSBURG, FL 33702 <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	VP RIVAS, FELICIA A 801 94TH AVE. NORTH SAINT PETERSBURG, FL 33702 <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	VP LUND, CURTIS M 555 CORPORATE DRIVE KALISPELL, MT 59901 <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 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: Felicia Branham SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

ATTACHMENT

50061857

**DENNIS HERNANDEZ**

& Associates, PA



**Attorneys At Law**

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Law@DennisHernandez.com

August 10, 2005

**Via Certified Mail Return Receipt Requested**

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Florida 32301

Re: Colonial Claims Corporation Document No. P98000106316

Dear Sir or Madam:

This Firm has been retained to represent Ms. Felicia Branham, representative of Colonial Claims Corporation. Enclosed please find the 2005 For Profit Corporation Annual Report with regard to the above-referenced corporation. Also enclosed is check no. 10459 in the amount of five hundred fifty dollars (\$550) remitted as payment for the filing fee for the attached Annual Report. As you will note on the Annual Report, Ms. Felicia Branham is the new Registered Agent for Colonial Claims Corporation.

Should you have any questions or comments with regard to the enclosed documentation, please do not hesitate to contact our office. Thank you for your prompt attention to this important matter.

Very truly yours,

Linda K. Gruszynski, Esquire  
For the Firm

LKG/bae  
Enclosures