## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00301

Title:

Name:

Address:

City-St-Zip:

Entity Name: JOHN COLTON AND ASSOCIATES, INC.

FILED Apr 13, 2009 Secretary of State

Current Pri	incipal Pla	ace of Business:	New Principal Place	New Principal Place of Business:	
3815 N US	HWY 1		3815 N US HWY 1		
STE 2 COCOA, FL 329227103			STE 2 COCOA, FL 32922710	COCOA, FL 329227103 US	
Current Ma	iling Add	ress:	New Mailing Address	New Mailing Address:	
3815 N US HWY 1				103 SOUTH INDIAN CIRCLE	
STE 2 COCOA, FL 329227103			COCOA, FL 32922	COCOA, FL 32922 US	
FEI Number: 4	59-3028950	FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
COLTON, JOHN R. 103 S. INDIAN CIRCLE COCOA, FL 32922 US					
The above r in the State		ity submits this statement for the pur	pose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent				Date	
Election Cam	paign Finan	cing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D COLTON, J 103 S. INDI COCOA, FL	AN CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	1046 PELIC	() Delete COBERT J JR CAN LANE GE, FL 32955	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STD COLTON, K 103 SO. INI COCOA, FL	DIAN CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN R COLTON D 04/13/2009

() Delete

COLTON, JOHN

COCOA, FL 32922

103 SO. INDIAN CIRCLE

() Change () Addition