


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # S20577
 1. Entity Name
COLONY RESORT, INC.



Principal Place of Business Mailing Address
 419 E GULF DR 419 E GULF DR
 SANIBEL, FL 33957 SANIBEL, FL 33957

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02142005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0058239 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EVANS, LARRY W
 419 E GULF DR
 SANIBEL, FL 33957

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7. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

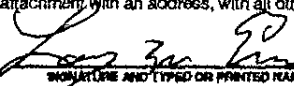
8. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAGLEY, CHARLES
STREET ADDRESS	16 ROUNDHILL CT
CITY- ST- ZIP	DANVILLE, IN
TITLE	DT
NAME	HARTMAN, RICHARD
STREET ADDRESS	665 REHOLD WOODS COURT
CITY- ST- ZIP	KETTERING, OH 45429
TITLE	V
NAME	STRANGE, CAROL
STREET ADDRESS	915 FITZ HUGH ST
CITY- ST- ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:  **LARRY W. EVANS** 2-2005 239-472-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #