


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 419 E GULF DR SANIBEL, FL 33957	Mailing Address 419 E GULF DR SANIBEL, FL 33957
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03302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0058239	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

**EVANS, LARRY W
419 E GULF DR
SANIBEL, FL 33957**

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEEVES, DAN 835 LIDDLE LANE CINCINATATI, OH 45215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTMAN, RICHARD 665 REHOLD WOODS COURT KETTERING, OH 45429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOB, ANDREW 750 LIDO BLVD. #56-B LIDO BEACH, NY 11561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNT, TERRY 214 YOLANDE AVE, W.E. JAMESTOWN, NY 14701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WILSON, SHERRY 4003 N HOLLYRIDGE CIRCLE PEORIA, IL 61614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000886935
 04/21/08-80002-009 150.00

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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: Larry W Evans 3/31/08 239-472-5751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #