## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 11, 2005 08:00 AM **DOCUMENT # S28828 Secretary of State** 1. Entity Name COLTON ENTERPRISES, INC. Principal Place of Business Mailing Address 6013 FERRERA ST. 6013 FERRERA ST. US JUPITER, FL 33458 US \_JUPITER, FL 33458 01152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0251427 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLTON, RONALD T DO NOT WRITE **6013 FERRERA STREET** JUPITER, FL 33458 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered apent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE COLTON, RONALD T NAME STREET ADDRESS **6013 FERRERA STREET** CITY-ST-ZIP JUPITER FL 33458 TITLE U00000297148 04/11/05-80017-001 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05 561-636-3480 Date Devime Phone #

FILED