

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 550018  
 1. Entity Name  
 THE COLLIER CORPORATION



Principal Place of Business      Mailing Address  
 606 BALD EAGLE DR., SUITE 500      P. O. BOX ONE  
 P.O. BOX ONE      MARCO ISLAND, FL 34145 US  
 MARCO ISLAND, FL 34145



01062004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1774707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WOODWARD, CRAIG R.  
 606 BALD EAGLE DR., SUITE 500  
 MARCO ISLAND, FL 33937

**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, 2004 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	PD CURRAN, ROBERT E. 140 SEAVIEW COURT, UNIT 1203N MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRAN, LORENA B 140 SEAVIEW CT, UNIT 1203N MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRAN, PAUL R 140 SEAVIEW COURT, UNIT 1203N MARCO ISLAND, FL 34145
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 02/04/04-80129-015 150.00

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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: *Robert E Curran* ROBERT E CURRAN      1-27-04      708-448-7632  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #