


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000001017

1. Entity Name
COLL'S AUTOMOTIVE, INC.



Principal Place of Business
**30360 OVERSEAS HIGHWAY
 BIG PINE KEY, FL 33043**

Mailing Address
**30360 OVERSEAS HIGHWAY
 BIG PINE KEY, FL 33043**



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1061567

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COLL, DANNY
 114 CUTTHROAT DRIVE
 CUDJOE KEY, FL 33042**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

U00000472802
 03/30/06-80009-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	COLL, ARMANDO
STREET ADDRESS	31535 AVE B
CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	AS
NAME	BRAMINE, PETER
STREET ADDRESS	30945 AVE A
CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* **3/17/06** **305-872-9466**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #