

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90098 022 \*\*\*150.00

DOCUMENT # F01000001017  
 1. Entity Name  
 COLL'S AUTOMOTIVE, INC.



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

**DO NOT WRITE IN THIS SPACE**



01152007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 65-1061567      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	ST COLL, ARMANDO 31535 AVE B BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRAMINE, PETER 30945 AVE A BIG PINE KEY, FL 33043
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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 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]*      1/15/07    305-872-9466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #