


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90018 016 ***150.00

DOCUMENT # G25299
 1. Entity Name
COLLIER INSURANCE SERVICES, INC.



Principal Place of Business
2335 TAMiami TRAIL, NORTH, STE 401
NAPLES, FL 34103 US

Mailing Address
2335 TAMiami TRAIL, NORTH, STE 401
NAPLES, FL 34103 US

2. Principal Place of Business
6609 Willow Park Drive
 Suite, Apt. #, etc.

3. Mailing Address
6609 Willow Park Drive
 Suite, Apt. #, etc.

City & State
NAPLES, FL


City & State
NAPLES, FL

Zip
34109

Country
USA

Zip
34109

Country
USA



01232004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2264429

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PLAPPERT, STANLEY W
2335 TAMiami TRAIL N. #401
NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
6609 Willow Park Drive
 City
NAPLES **FL** Zip Code
34109

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 reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ST	ALDRICH, BARBARA T. <input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2335 N. TAMiami TRL #401	STREET ADDRESS	6609 Willow Park Drive
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	NAPLES, FL 34109
TITLE NAME	DP <input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PLAPPERT, STANLEY W	STREET ADDRESS	6609 Willow Park Drive
CITY-ST-ZIP	2335 TAMiami TRAIL N. #401	CITY-ST-ZIP	NAPLES, FL 34109
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	✓ DIRECTOR, STEVEN C.
CITY-ST-ZIP		CITY-ST-ZIP	6609 Willow Park Drive
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: BARBARA T. ALDRICH Date: 1/27/04 Daytime Phone #: 239-261-6116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR