2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

Mailing Address Site 400 Si	DOCUMENT # L56855 1. Entity Name COLLIER MANAGEMENT SERVICES, INC.							
3003 TAMAMI TR N	Principal Place of Business Mailing Address							
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Cay & State	2. Principal P	lace of Business	3. Mailing Address					
Country Zp	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04272004 Chg-P CR2E034 (10/03)		
CORINA, ROBERT D 3003 TAMIAMI TR N Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. Tam familiar with, and accept the orbigations of registered agent. or both, in the State of Florida. Tam familiar with, and accept the orbigations of registered agent. or both, in the State of Florida. Tam familiar with, and accept the orbigations of registered agent. or both, in the State of Florida. Tam familiar with, and accept the orbigations of registered agent. or both, in the State of Florida. Tam familiar with, and accept the orbigations of registered agent. or both, in the State of Florida. Tam familiar with, and accept the orbigations of registered agent. or both, in the State of Florida. Tam familiar with, and accept the orbigations of registered agent. or both, in the State of Florida. Tam familiar with, and accept the orbigations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Campeign Financing Treat Fund Contribution.	City & State	Ө	City & State					
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### Added to Fees 10.	SIGNATURE.	SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
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I hereby certify that the information supplied with this lifting does not qualify for the exemption stated in Section 119.07(3)(f), Pointa Statutes. Further certary 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 a address, with all other like empowered.

SIGNATURE:

239-261-4455 Daytime Phone #