

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092420

FILED
Feb 20, 2006
Secretary of State

Entity Name: COLLIER MOBILE AUTO REPAIR INC.

Current Principal Place of Business:

5248 31ST PLACE S.W.
NAPLES, FL 34116

New Principal Place of Business:

2725 31ST AVE NE
NAPLES, FL 34120 US

Current Mailing Address:

5248 31ST PLACE S.W.
NAPLES, FL 34116

New Mailing Address:

2725 31ST AVE NE
NAPLES, FL 34120 US

FEI Number: 68-0610315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICHARDS, PAUL R. T SR.
Address: 5248 31ST PLACE S.W.
City-St-Zip: NAPLES, FL 34116

Title: S,T () Delete
Name: RICHARDS, JACQUELINE M
Address: 5248 31ST PLACE S.W.
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE M. RICHARDS

ST

02/20/2006

Electronic Signature of Signing Officer or Director

Date