## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## Apr 24, 2008 8:00 am Secretary of State DOCUMENT # P07000104591 04-24-2008 90092 011 \*\*\*158.75 1. Entity Name G.B. COLLINS ENGINEERING, P.A. Principal Place of Business Mailing Address 1268 ROGERS STREET 1268 ROGERS STREET CLEARWATER, FL 33756 CLEARWATER, FL 33756 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 CR2E034 (12/06) City & State City & State 4 FEI Number Applied For 38 24589 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLINS, GARDNER B Street Address (P.O. Box Number is Not Acceptable) 1268 ROGERS STREET CLEARWATER, FL 33756 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition 2 GARDNER B. COLLINS NAME 1268 ROGERS TREET STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Y/T/S Change M Addition SAMUEL A. LIBERATORE NAMÉ NAME STREET ADDRESS STREET ADDRESS 1268 ROCTERS STREET CITY-ST-71P CITY-ST-ZIP CLEAR WATER, FL 33756 TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 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 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