


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90014 022 ***158.75

DOCUMENT # P12314			
1. Entity Name COLLAT, INC.			
Principal Place of Business 1900 CRESTWOOD BOULEVARD. BIRMINGHAM, AL 35210		Mailing Address 1900 CRESTWOOD BOULEVARD. ATTN: LICENSING BIRMINGHAM, AL 35210 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>SUITE 300</i>		Suite, Apt. #, etc. <i>SUITE 300</i>	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATLIFF, W.T., JR.	NAME	
STREET ADDRESS	1900 CRESTWOOD BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL	CITY-ST-ZIP	<i>35210</i>
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<i>S</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWEN, FRANGELICA L	NAME	<i>BROWN, JANET C.</i>
STREET ADDRESS	1900 CRESTWOOD BOULEVARD.	STREET ADDRESS	<i>1900 CRESTWOOD BLVD</i>
CITY-ST-ZIP	BIRMINGHAM, AL 35210	CITY-ST-ZIP	<i>BIRMINGHAM, AL 35210</i>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUCH, ROBERT M	NAME	
STREET ADDRESS	1900 CRESTWOOD BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL	CITY-ST-ZIP	<i>35210</i>
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATLIFF, WM. T., III	NAME	
STREET ADDRESS	1900 CRESTWOOD BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL	CITY-ST-ZIP	<i>35210</i>
TITLE	SRVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, CHERYL R	NAME	
STREET ADDRESS	1900 CHESTWOOD	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35242	CITY-ST-ZIP	<i>35210</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>V JENNINGS, JR., ROBERT W.</i>
STREET ADDRESS		STREET ADDRESS	<i>1900 CRESTWOOD BLVD</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>BIRMINGHAM, AL 35210</i>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Janet C. Brown, Janet C. Brown, Secretary</i>		Date: <i>9/3/05</i> Daytime Phone #: <i>205/551-4433</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

50064679



08042005 Chg-P CR2E034 (10/03)

4. FEI Number **63-0925198** Applied For Not Applicable

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