


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P31121 1. Entity Name COLLATERAL AGENCY, INC.	
--	---

Principal Place of Business 1900 CRESTWOOD BLVD. BIRMINGHAM,, AL 35210	Mailing Address 1900 CRESTWOOD BLVD. BIRMINGHAM,, AL 35210
--	--



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-6007227	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, JANET C 1900 CRESTWOOD BLVD. BIRMINGHAM, AL 35210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RATLIFF, WILLIAM T., III 1900 CRESTWOOD BLVD. BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONE, CHERYL 1900 CRESTWOOD BLVD BIRMINGHAM, AL 35210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, JR, ROBERT W 1900 CRESTWOOD BIRMINGHAM, AL 35210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000558598
 05/17/06-80101-008 158.75

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet C. Brown, Secretary* 1/9/06 205/951-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #