


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-04-2004 90132 035 \*\*\*150.00

**DOCUMENT # 271801**  
 1. Entity Name  
**COLLIER LAND AND CATTLE CORPORATION**



Principal Place of Business      Mailing Address  
**3003 N TAMiami TRAIL**      **3003 N TAMiami TRAIL**  
**STE 400**      **STE 400**  
**NAPLES, FL 34103 US**      **NAPLES, FL 34103 US**

**14020916**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04272004    Chg-P    CR2E034 (10/03)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1030307**       Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**CORINA, ROBERT D**  
**3003 TAMiami TRAIL N, (STE 400)**  
**(STE 400)**  
**NAPLES, FL 34103**

**7. Name and Address of New Registered Agent**  
 Name  
**CORINA, ROBERT D**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3003 TAMiami TRAIL N, STE 400**  
 City      State      Zip Code  
**NAPLES      FL      34103**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLOOD, THOMAS J	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BIRR, JEFFREY M	
STREET ADDRESS	3003 TAMiami TRAIL N. STE 400	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, MICHAEL O	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONRECODE, THOMAS E	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	TV	<input checked="" type="checkbox"/> Delete
NAME	CORINA, ROBERT D	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	CORINA, ROBERT D	
STREET ADDRESS	3003 TAMiami TRAIL N. STE 400	
CITY-ST-ZIP	NAPLES, FL 34103	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	COD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIER, MILES C	
STREET ADDRESS	3003 TAMiami TRAIL N STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	COD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIER II, BARON G	
STREET ADDRESS	3003 TAMiami TRAIL N STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MICHAEL O.	
STREET ADDRESS	3003 TAMiami TRAIL N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Robert D. Corina      Date: 4/30/04      Daytime Phone #: 239-261-4455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR