


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90307 020 \*\*\*150.00

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



Principal Place of Business 3003 N TAMiami TRAIL STE 400 NAPLES, FL 34103 US	Mailing Address 3003 N TAMiami TRAIL STE 400 NAPLES, FL 34103 US
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00012031



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02162006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1030307		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORINA, ROBERT D 3003 TAMiami TRAIL N. STE 400 STE 400 NAPLES, FL 34103		Name Robert D. Corina	
		Street Address (P.O. Box Number is Not Acceptable) 3003 Tamiami Trail N., Ste 400	
		City Naples FL Zip Code 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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLOOD, THOMAS J 3003 TAMiami TR N. STE 400 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCD COLLIER, MILES C 3003 TAMiami TRAIL N. STE 400 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCD COLLIER, BARRON G II 3003 TAMiami TR N. STE 400 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONRECODE, THOMAS E 3003 TAMiami TR N. STE 400 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS CORINA, ROBERT D 3003 TAMiami TRAIL N. STE 400 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Robert D. Corina** **APR 10 2006** (239) 261-4455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #