


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