


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 271801</b> 1. Entity Name <b>COLLIER LAND AND CATTLE CORPORATION</b>					
Principal Place of Business <b>3003 N TAMiami TRAIL STE 400 NAPLES, FL 34103 US</b>			Mailing Address <b>3003 N TAMiami TRAIL STE 400 NAPLES, FL 34103 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1030307</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CORINA, ROBERT D 3003 TAMiami TRAIL N, STE 400 NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name <b>CORINA, ROBERT D</b> Street Address (P.O. Box Number is Not Acceptable) <b>3003 TAMiami TRAIL N, STE 400</b> City <b>NAPLES</b> FL Zip Code <b>34103</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
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	COCD COLLIER, MILES C 3003 TAMiami TRAIL N STE 400 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRR, JEFFREY M 3003 TAMiami TRAIL N. STE 400 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCD COLLIER II, BARBON G 3003 TAMiami TRAIL N STE 400 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, MICHAEL O 3003 TAMiami TR N. STE 400 NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, MICHAEL O. 3003 TAMiami TRAIL N. STE 400 NAPLES FL 34103
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	TV CORINA, ROBERT D 3003 TAMiami TR N. STE 400 NAPLES, FL 34103	<input checked="" 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
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: <u>ROBERT D. CORINA</u> 4/30/04 239-261-4455 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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04272004 Chg-P CR2E034 (10/03)