

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 414260			
1. Entity Name COLLIER AUTO SALES, INC.			
Principal Place of Business 3920 W. COLONIAL DRIVE ORLANDO FL 32808		Mailing Address 3920 W. COLONIAL DRIVE ORLANDO FL 32808	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number	59-1733574	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
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	
HOLMES, JOHN V A 811 MAGNOLIA AVE ORLANDO FL 32803		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: SPROUSE, SUSAN C STREET ADDRESS: 3920 W COLONIAL DR CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
SV NAME: COLLIER, MARY S. STREET ADDRESS: 3920 W COLONIAL DR CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Delete	U00000067956 02/27/04-80020-019 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: BISHOP, LYNN STREET ADDRESS: 3920 W COLONIAL DR CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: COLLIER, DAVID S. STREET ADDRESS: 3920 W COLONIAL DR CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: COLLIER, MICHEAL A STREET ADDRESS: 3920 WEST COLONIAL DR. CITY-ST-ZIP: ORLANDO FL 32808	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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)(f), 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: *David S. Collier* 02-25-04 407-297-1212