

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90040 026 \*\*\*150.00

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-1733574

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when removing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State.**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	SPROUSE, SUSAN C	
STREET ADDRESS	3920 W COLONIAL DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	SV	<input type="checkbox"/> Delete
NAME	COLLIER, MARY S.	
STREET ADDRESS	3920 W COLONIAL DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BISHOP, LYNN	
STREET ADDRESS	3920 W COLONIAL DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLLIER, DAVID S.	
STREET ADDRESS	3920 W COLONIAL DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLLIER, MICHAEL A	
STREET ADDRESS	3920 WEST COLONIAL DR.	
CITY-STATE-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Byronic From

MARY S. COLLIER 01-24-08 297.12.12