

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 414260

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** COLLIER AUTO SALES, INC.

**Current Principal Place of Business:**

3920 W. COLONIAL DRIVE  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

3920 W. COLONIAL DRIVE  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 59-1733574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLMES, JOHN V A  
811 MAGNOLIA AVE  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** S  
**Name:** SPROUSE, SUSAN C  
**Address:** 3400 N WESTMORELAND DR  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** SV  
**Name:** COLLIER, MARY S.  
**Address:** 1329 ANCHOR CT  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** T  
**Name:** BISHOP, LYNN  
**Address:** 288 HUNTERS POINT TR  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** VP  
**Name:** COLLIER, DAVID S.  
**Address:** 3532 MACARTHUR DR  
**City-St-Zip:** ORLANDO, FL 32806

**Title:** P  
**Name:** COLLIER, MICHAEL A  
**Address:** 689 BALMORAL ROAD  
**City-St-Zip:** WINTER PARK, FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL A. COLLIER

P

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date