


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 453512 1. Entity Name WETZEL-COLLINS, INC.	
--	---

Principal Place of Business 407 ROSCOMMON BLVD NICEVILLE, FL 32578	Mailing Address 407 ROSCOMMON BLVD NICEVILLE, FL 32578
--	--



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1553030	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COLLINS, MARY WETZEL
407 ROSCOMMON BLVD
NICEVILLE, FL 32578

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000278040
03/28/05-80011-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, MARY W. 407 ROSCOMMON BLVD NICEVILLE, FL 32578
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLLINS, JOHN A. 407 ROSCOMMON BLVD NICEVILLE, FL 32578
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MULCAHY, CATHERINE C. 432 VALLEY GLEN PLACE RICHARDSON, TX
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAURENDINE, LISA C. 195 CHESWICK DRIVE MADISON, AL 35757
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary W. Collins
25 March 2005 850 678-4208

Date

Daytime Phone #