

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 453512 1. Entity Name WETZEL-COLLINS, INC.	
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Principal Place of Business 407 ROSCOMMON BLVD NICEVILLE, FL 32578	Mailing Address 407 ROSCOMMON BLVD NICEVILLE, FL 32578
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1553030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000278040 03/28/05-80011-001 150.00
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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: Mary W. Collins **25 March 2005** **850 678-4207**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #