

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 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**



01182006 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000411641
02/10/06-80015-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Mary W. Collins Jan. 25, 2006 850-678-6208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #