

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 476631

1. Entity Name

COLLIER FENCE AND WIRE, INC.



Principal Place of Business

1981 ELSA AVE.
NAPLES FL 34109
US

Mailing Address

1981 ELSA AVE.
NAPLES FL 34109
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2448776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGFORD, GEORGE P.
3357 TAMiami TRAIL N.
NAPLES FL 34103

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 P ☐ Delete
NAME BAILY, THOMAS S.
STREET ADDRESS 2156 42ND ST., S.W.
CITY-ST-ZIP NAPLES FL

TITLE V ☐ Delete
NAME BAILY, GLENNA F
STREET ADDRESS 2156 42ND ST SW
CITY-ST-ZIP NAPLES FL

TITLE S ☐ Delete
NAME KING, MILDRED L
STREET ADDRESS 1084 FOREST LAKES DR
CITY-ST-ZIP NAPLES FL

TITLE V ☐ Delete
NAME WINZELL, MARK
STREET ADDRESS 5871 PAINTED LEAF LANE
CITY-ST-ZIP NAPLES FL 34116

TITLE S ☐ Delete
NAME WINZELL, ELAINE
STREET ADDRESS 5871 PAINTED LEAF LANE
CITY-ST-ZIP NAPLES FL 34116

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Elaine C. Winzell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/04

239-597-8161
Date Daytime Phone #