

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State



DOCUMENT # 542549
 1. Entity Name
COLLIER INTERIORS, INCORPORATED

Principal Place of Business
**2050 CAPITAL CIRCLE NE
 P.O. BOX 12007
 TALLAHASSEE FL 32308
 US**

Mailing Address
**2050 CAPITAL CIRCLE NE
 P.O. BOX 12007
 TALLAHASSEE FL 32317**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1749078**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/05)

5. Name and Address of Current Registered Agent
**COLLIER, KENNETH J.
 2050 CAPITAL CIR NE
 TALLAHASSEE FL 32308**

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 *Kenneth J. Collier*

[Signature]

[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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	Delete
NAME	COLLIER, KENNETH J.	<input type="checkbox"/>
STREET ADDRESS	411 WILSON AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1110000461610
 03/21/06-80002-012 150.00

\$150.00
PA 3-1-06
#17815

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kenneth J. Collier* **KENNETH J. COLLIER** **3-6-06** **850-385-7991**