


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 550018</b>	
1. Entity Name <b>THE COLLIER CORPORATION</b>	
	
Principal Place of Business <b>606 BALD EAGLE DR., SUITE 500 P.O. BOX ONE MARCO ISLAND, FL 34145</b>	Mailing Address <b>P. O. BOX ONE MARCO ISLAND, FL 34145 US</b>



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1774707</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>WOODWARD, CRAIG R. 606 BALD EAGLE DR., SUITE 500 MARCO ISLAND, FL 33937</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CURRAN, ROBERT E. 140 SEAVIEW COURT, UNIT 1203N MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURRAN, LORENA B 140 SEAVIEW CT, UNIT 1203N MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURRAN, PAUL R 140 SEAVIEW COURT, UNIT 1203N MARCO ISLAND, FL 34145
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02/05/07-80039-009 150.00

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert E. Curran* **ROBERT E. CURRAN** 1-26-07 708-448-7632  
**PRESIDENT**