SIGNATURE:

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2005 08:00 AM **DOCUMENT # 562897 Secretary of State** 7. Entity Name **COLLINS LAND COMPANY** Principal Place of Business\_ Mailing Address 3297 NE CATAMARAN TERR 3297 NE CATAMARAN TERR KENSEN BCH, FL 34957 \_ US JENSEN BCH, FL 34957 01182005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-1803732 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent COLLINS, NEIL A. DO NOT WRITE 3297 NE CATAMARAN TERR JENSEN BCH, FL 34957 IN THIS SPACE 5. 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, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, PD THE MAME COLLINS, NEIL A. \_\_\_\_U00000190689 3297 NE CATAMARAN TERR STREET ADDRESS ----01/24/05-30152-011 CITY-ST-ZIP JENSEN BCH, FL 34957 TITLE NAME COLLINS, THELMA M. 3297 NE CATAMARAN TERR STREET ADDRESS See the management of the second of the seco JENSEN BCH, FL 34957 CITY-ST-ZIP maranice in the which is a second of the control of TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP THILE STREET ADDRESS 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)(1), 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 ampowered 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.

**FILED** 

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