

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 668520

FILED
Jan 07, 2004
Secretary of State

Entity Name: MITCH COLLIER INSURANCE AGENCY, INC.

Current Principal Place of Business:

1315 SE 47TH ST
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1315 SE 47TH ST
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 59-2000326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMSKI, ROBERT C.
1314 CAPE CORAL PKWY E.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLIER, MITCHELL,
Address: 9834 RED REEF CT
City-St-Zip: FT MYERS FL,

Title: STD () Delete
Name: COLLIER, KATHLEEN,
Address: 9834 RED REEF CT
City-St-Zip: FT MYERS FL,

Title: D () Delete
Name: COLLIER, TIMOTHY
Address: 9834 RED REEF CT
City-St-Zip: FT MYERS, FL

Title: D () Delete
Name: COLLIER, SHANON
Address: 9834 RED REEF CT
City-St-Zip: FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL COLLIER

PD

01/07/2004

Electronic Signature of Signing Officer or Director

Date