

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 668520

FILED  
Jan 17, 2007  
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:

9834 RED REEF COURT  
FORT MYERS, FL 33919

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 33919 US

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

Title: D ( ) Delete  
Name: COLLIER, TIMOTHY  
Address: 5631 SOLERA COURT  
City-St-Zip: FT MYERS, FL 33919 US

Title: D ( ) Delete  
Name: MORRIS, SHANON C  
Address: 1331 SE 44TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D ( ) Delete  
Name: MORRIS, PHILLIP  
Address: 1331 SE 44TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D ( ) Delete  
Name: COLLIER, MARIA  
Address: 5631 SOLERA COURT  
City-St-Zip: FT MYERS, FL 33904 US

## 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:

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 Chapter 119, 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: MITCH COLLIER

PD

01/17/2007

Electronic Signature of Signing Officer or Director

Date