## .2006 FOR PROFIT CORPORATION

## May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR) DOCUMENT # 669776** 05-01-2006 90312 033 \*\*\*150.00 1. Entity Name LEE JAY COLLING & ASSOCIATES, P.A. Principal Place of Business Mailing Address 682 MAITLAND AVENUE, SUITE 2 682 MAITLAND AVENUE, SUITE 2 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 3. Mailing Address 529 VERSAILLES DRIVE 529 VERSAILLES DRIVE 1st MOORE CR2E034 (10/05) Suite # 103 *Suite* # 103 City & State Applied For 4. FEI Number MAITLAND 59-2009846 MAITLAND Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLING, LEE JAY 682 MAITLAND AVENUE, SUITE 2 ALTAMONTE SPRINGS FL 32701 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 ac TE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. LEE JAY COLLING Change Addition 529 UERSAILLES DRIVE, #103 TITLE TITLE ☐ Delete NAME COLLING, LEE JAY STREET ADDRESS 682-MAITLAND AVENUE: SUITE 2 STREET ADDRESS MAITLAND, FL - 32751 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701.. CITY-ST-ZIP ☐ Delete COLLINE, NADINE S NAME STREET ADDRESS 2023 VENETIAN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☐ Addition ☐ Delete TITLE TITLE VP/T NAME NAME SIMPSON, MARTYN W STREET ADDRESS STREET ADDRESS 600 GOLF PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP **CELEBRATION FL 34747** ☐ Defete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-78P

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-71P

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

LEE JAY COLLING

4-17-06 407-834.7500

FILED

☐ Change

☐ Addition