

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90002 037 ***150.00

DOCUMENT # F02000004607

1. Entity Name
COLLINS CAPITAL ADVISORS, INC.



Principal Place of Business
1450 MADRUGA AVENUE, SUITE 400
CORAL GABLES, FL 33146

Mailing Address
1450 MADRUGA AVENUE, SUITE 400
CORAL GABLES, FL 33146

44049014



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0948201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, MICHAEL J
1450 MADRUGA AVENUE, SUITE 400
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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 _____

ORIGINAL FORM NOT RECEIVED
FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
...Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEAVER, DOROTHY C
STREET ADDRESS	1450 MADRUGA AVENUE, SUITE 400
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	P
NAME	COLLINS, MICHAEL J
STREET ADDRESS	1450 MADRUGA AVENUE, SUITE 400
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	ST
NAME	CHALMERS, BARBARA R
STREET ADDRESS	8115 PRESTON RD STE 680
CITY-ST-ZIP	DALLAS, TX 75225

TITLE	CFO
NAME	WINDHORST, KENT A
STREET ADDRESS	1450 MADRUGA AVE STE 400
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	S
NAME	COBB, JEFFREY B
STREET ADDRESS	2600 POST RD
CITY-ST-ZIP	SOUTHPORT, CT 06490

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

6/30/04

Date

305-666-3319

Daytime Phone #