


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F02090004923
 1. Entity Name
 COLIN DEVELOPMENT CORP.



Principal Place of Business
 1520 NORTHERN BOULEVARD
 MANHASSET, NY 11030

Mailing Address
 1520 NORTHERN BOULEVARD
 MANHASSET, NY 11030



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 13-2517073

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC COLIN, FRED 1520 NORTHERN BOULEVARD MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC COLIN, BARBARA 1520 NORTHERN BOULEVARD MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD USDAN, EVA COLIN 1520 NORTHERN BOULEVARD MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLIN, SAMUEL 1520 NORTHERN BOULEVARD MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000009281
 01/21/04-30005-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(3)(f), 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 affidavit, with all other like empowered.

SIGNATURE:  President 1/13/04 (516) 849-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #