


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000004923 1. Entity Name COLIN DEVELOPMENT CORP.	
---	---

Principal Place of Business 1520 NORTHERN BOULEVARD MANHASSET, NY 11030	Mailing Address 1520 NORTHERN BOULEVARD MANHASSET, NY 11030
---	---



DO NOT WRITE IN THIS SPACE

01122005 No Chg-P GR2E034 (10/03)

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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, FRÉD 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	
--	--

U000000223867
02/10/05-80061-016 150.00

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 (516) 869-6700
Date Daytime Phone #