


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # H19882 1. Entity Name COLLINS AND BLACK, INC.	
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Principal Place of Business 4635 W. KNIGHTS GRIFFIN PLANT CITY, FL 33565 US	Mailing Address 4635 W. KNIGHTS GRIFFIN PLANT CITY, FL 33565 US
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04292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2532501	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLACK, DORCAS A. 4635 W. KNIGHTS GRIFFIN ROAD PLANT CITY, FL 33565

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000544024
05/11/06-80019-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, FRED F. 4904 W. KNIGHTS GRIFFIN RD. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JANE 4904 W. KNIGHTS GRIFFIN RD. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO COLLINS, DORCAS 4635 W. KNIGHTS GRIFFIN ROAD PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dorcas Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 813 754-0230
Date Daytime Phone #