


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J80235</b> 1. Entity Name COLLINS FINANCIAL PLANNING, INC.	
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Principal Place of Business % WILLIAM C. COLLINS 1031 W MAGNOLIA STREET LEESBURG, FL 34748-2730	Mailing Address % WILLIAM C. COLLINS 1031 W MAGNOLIA STREET LEESBURG, FL 34748-2730
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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2819156	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**

COLLINS, WILLIAM C.  
1031 WEST MAGNOLIA STREET  
LEESBURG, FL 34748-2730

**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 \_\_\_\_\_

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS COLLINS, WILLIAM C. 9237 SILVER LAKE DR. LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, MARGARET T. 9237 SILVER LAKE DR. LEESBURG, FL 34788
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01/18/06-80030-011 150.00

**DO NOT WRITE  
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:** *William C. Collins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
William C. Collins

01/11/2006 352-728-6789  
Date Daytime Phone #