

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90037 022 \*\*\*150.00

**DOCUMENT # K20036**

1. Entity Name  
**THE COLLECTION TEAM, INC.**



Principal Place of Business  
**1901 NW 18TH ST  
#C-1 SOUTH  
POMPANO BEACH, FL 33069**

Mailing Address  
**1901 NW 18TH ST  
#C-1 SOUTH  
POMPANO BEACH, FL 33069**

2. Principal Place of Business  
**1915 NW 18th ST**

Suite, Apt. #, etc.  
**# C-1**

City & State  
**Pompano Bch, FL**

Zip  
**33069**

Country  
**BROWARD**

3. Mailing Address  
**1915 NW 18th ST**

Suite, Apt. #, etc.  
**# C-1**

City & State  
**Pompano Beach, FL**

Zip  
**33069**

Country  
**BROWARD**



03292004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0037876**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MCNARY, SALLY ANN  
1901 NW 18TH SR., #C-1 SOUTH  
POMPANO BCH, FL 33069**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 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  
**P  
MCNARY, SALLY A  
1901 NW 18TH ST  
POMPANO BCH, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
SHANE, TIM  
1901 NW 18TH ST  
POMPANO BCH, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTS  
MCNARY, SALLY A  
1915 NW 18th ST #C-1  
Pompano Beach, FL 33069** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

**SALLY MCNARY 3/29/04 954-960-0160**