

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90030 034 ***150.00

DOCUMENT # K70545

1. Entity Name

COLLIER CUSTOM HOMES, INC.



Principal Place of Business

217 PONTE VEDRA PARK DR
STE 400
PONTE VEDRA BEACH FL 32082
US

Mailing Address

217 PONTE VEDRA PARK DR
STE 400
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business

228 PONTE VEDRA PARK DR

3. Mailing Address

228 PONTE VEDRA PARK DR



MOORE

CR2E034 (11/03)

Suite, Apt. #, etc.

Ste 400

Suite, Apt. #, etc.

STE 400

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

US

Zip

32082

Country

US

4. FEI Number

59-2933597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOUSEY, CLAY B. JR.
2600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COLLIER, ELWOOD T. JR.
STREET ADDRESS 673 C PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE STD ☐ Delete
NAME COLLIER, DONNA M.
STREET ADDRESS 673 C PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1331 N 1ST ST. UNIT 1102
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1331 N 1ST ST. UNIT 1102
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

2/4/04

Date

904-273-6776

Daytime Phone #