

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K93906

FILED
Mar 28, 2007
Secretary of State

Entity Name: NOBLES-COLLIER, INC.

Current Principal Place of Business:

212 JEROME ST
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 65-0127062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLES JR, L J
212 JEROME ST
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C/D () Delete
Name: COLLIER, BARRON III
Address: 2600 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34105

Title: P/D () Delete
Name: NOBLES, LEWIS J JR
Address: 212 JEROME STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: T/D () Delete
Name: MARINELLI, PAUL J
Address: 2600 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34105

Title: SD () Delete
Name: LOUKONEN, EVERETT
Address: 1320 N. 15TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: NOBLES, LEWIS J III
Address: 212 JEROME STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: MURRAH, DAVID
Address: 212 JEROME ST
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J MARINELLI

T/D

03/28/2007

Electronic Signature of Signing Officer or Director

Date