

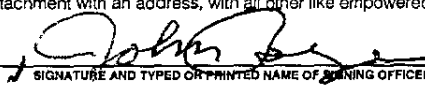


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L35989		
1. Entity Name COLLIER ELECTRIC COMPANY OF FT. MYERS, INC.		
Principal Place of Business 6200 METRO PLANTATION ROAD FORT MYERS, FL 33912		Mailing Address 6200 METRO PLANTATION ROAD FORT MYERS, FL 33912
DO NOT WRITE IN THIS SPACE		
		 01262005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0162578
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BARBARA M. PIZZOLATO, P.A. 11920 FAIRWAY LAKES DR, BLDG ONE, SUITE 2 FT MYERS, FL 33913		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000251988 03/05/05-80008-023 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV UTTER, ROBERT C. 6200 METRO PLANTATION ROAD FT. MYERS, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST YOUNG, WM., H. 6200 METRO PLANTATION ROAD FT. MYERS, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BERGER, JOHN 6200 METRO PLANTATION ROAD FT MYERS, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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:  2/11/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		