

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L35989

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** COLLIER ELECTRIC COMPANY OF FT. MYERS, INC.

**Current Principal Place of Business:**

6200 METRO PLANTATION ROAD  
FORT MYERS, FL 33966

**New Principal Place of Business:**

**Current Mailing Address:**

6200 METRO PLANTATION ROAD  
FORT MYERS, FL 33966

**New Mailing Address:**

**FEI Number:** 65-0162578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARBARA M. PIZZOLATO, P.A.  
11920 FAIRWAY LAKES DR, BLDG ONE, SUITE 2  
FT MYERS, FL 33913 US

**Name and Address of New Registered Agent:**

WILTSHIRE, WHITLEY, RICHARDSON, ENGLISH PA  
5249 SUMMERLIN COMMONS BLVD, STE 100  
FORT MYERS, FL 33907 US

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:** JACK POHLMAN

03/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** BERGER, JOHN  
**Address:** 6200 METRO PLANTATION ROAD  
**City-St-Zip:** FORT MYERS, FL 33966

**Title:** DST  
**Name:** BERGER, LYNDA  
**Address:** 6200 METRO PLANTATION ROAD  
**City-St-Zip:** FORT MYERS, FL 33966

**Title:** D  
**Name:** BERGER, DAN  
**Address:** 6200 METRO PLANTATION ROAD  
**City-St-Zip:** FORT MYERS, FL 33966

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN BERGER

DP

03/10/2011

Electronic Signature of Signing Officer or Director

Date