

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42948

FILED  
Jan 16, 2004  
Secretary of State

Entity Name: W. J. COLLINS & ASSOCIATES, INC.

**Current Principal Place of Business:**

129 NANDINA CIRCLE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

129 NANDINA CIRCLE  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 59-2990913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOTOLAW, INC.  
50 N LAURA STREET  
STE 2500  
JACKSONVILLE, FL 32202 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: DP ( ) Delete  
Name: COLLINS, WILLIAM J.,  
Address: 129 NANDINA CIR  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: DV ( ) Delete  
Name: COLLINS, BRENDA,  
Address: 129 NANDINA CIR  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: DST ( ) Delete  
Name: LEE, LISA  
Address: 4839 MARSH HAMMOCK DRIVE E  
City-St-Zip: JACKSONVILLE, FL

Title: DV ( ) Delete  
Name: LEE, NICHOLAS DE  
Address: 4839 MARSH HAMMOCK DRIVE E  
City-St-Zip: JACKSONVILLE, FL

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM J. COLLINS

DP

01/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date