

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42948

FILED
Apr 26, 2007
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:

C/O WILMOTH & ASSOCIATES, P.A.
2317 BLANDING BLVD., SUITE 206
JACKSONVILLE, FL 32210

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:

WILMOTH & ASSOCIATES, P.A.
2317 BLANDING BOULEVARD
SUITE 206
JACKSONVILLE, FL 32210 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: KIM M. WILMOTH

04/26/2007

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 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: WILLIAM J. COLLINS

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date