## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 30, 2007 08:00 AM DOCUMENT # L46422 **Secretary of State** 1. Entity Namo ED & BEVERLY COLLINS, INC. Principal Place of Business Mailing Address 310 ROMANEA PLACE 2130 PEEKSVILLE ROAD LAGUNA BEACH FL 32413 **LOCUST GROVE GA 30248** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato 4. FEI Number Applied For City & State 59-3069859 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo COLLINS, BEVERLY Street Address (P.O. Box Number is Not Acceptable) 310 ROMANZA PLACE LAGUNA BEACH FL 32413 City Zip Code 8. The above named ontity 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 Signature, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE COLLINS, BEVERLY NAME NAME U00000745697 310 ROMANZA PLACE STREET ADORESS STREET ADDRESS 05/16/07-80039-004 150.00 LAGUNA BEACH FL 32413 CITY-ST-7IP CITY-ST-7IP Change Addition ☐ Delete HIII HILL NAMI NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-70 ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY - ST - 71P Delete ☐ Change ☐ Addition TITLE mu. NAME NAME STREET ADDRESS STRUCT ADDRESS CITY - ST-74P CHY-ST-74P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-7IP □ Change Addition TITLE ☐ Delete NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7iP CHY-S1-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Section 119, 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 logal effect as if made under eath; 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.

OR DIRECTOR

**FILED** 

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