


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # L46422
 1. Entity Name
Ed and Beverly Collins, Inc.



FILED
 11 JUN - 1 AM 9:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No. P.O. Box #
312 Romanza Place
 Suite, Apt. #, etc.
Panama City Beach
 City & State
FL

3. Mailing Address
312 Romanza Place
 Suite, Apt. #, etc.
Panama City Beach FL
 City & State

CR2E034B (1/11)

4. FEI Number
59 3069859

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent
 Name Beverly Collins
 Street Address (P.O. Box Number is Not Acceptable)
312 Romanza Place
 City Panama City Beach FL Zip Code 32413

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 Beverly Collins DATE May 27, 2011
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$150.00
 After May 1; Fee is \$550.00
 Amended AR is \$61.25
 Make Check Payable to Florida Department of State.

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

E-mail Address:
Meva.14@AOL.COM
 E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>Beverly Collins</u> <u>312 Romanza Place Panama City Beach</u> <u>FL 32413</u>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.

SIGNATURE: Beverly Collins PD DATE May 27 2011 850 230 1474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #