## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Apr 30, 2005 08:00
DOCUMENT # P00000009348				Secretary of State
1. Entity Nar	S A. COLLINS, INC.	,		
Principal Place of Business Mailing Address 4635 W. KNIGHTS GRIFFIN ROAD 4635 W. KNIGHTS GRIFFIN R PLANT CITY, FL 33565 PLANT CITY, FL 33565		OAD	( (	
DO NOT WRITE IN THIS SPACE			CE	04262005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applicable
	and the second s	The state of the s	· 1000 market minker things the second	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  COLLINS, DORCAS A 4635 W. KNIGHTS GRIFFIN ROAD PLANT CITY, FL 33565			E	DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees U00100347613  14/30/05-80124-009 150.00				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COLLINS, DORCAS A 4635 W. KNIGHTS GRIFFIN RC PLANT CITY, FL 33565			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

2. I hereby certify that the information supplied with this filling does not qualify 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

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