


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000029953 1. Entity Name COLLIER CONNECTIONS, INC.	
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Principal Place of Business 1 WATERCOLOR WAY NAPLES, FL 34113	Mailing Address 1 WATERCOLOR WAY NAPLES, FL 34113
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3633537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CLASP INC.
3001 TAMiami TRAIL N., 4TH FLOOR
NAPLES, FL 34103**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000040375 02/09/04-80045-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS TIMMER, TIMOTHY M 1 WATERCOLOR WAY NAPLES, FL 34113
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12. I hereby certify that the information supplied with this filing 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: Timothy M. Timmer **TIMOTHY M. TIMMER** 1/25/04 239/775-7926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #