

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT.# P00000036003

1. Entity Name  
COLLINS CONTRACTING CORP.



Principal Place of Business

TWO SOUTH UNIVERSITY DR #215  
PLANTATION, FL 33324

Mailing Address

TWO SOUTH UNIVERSITY DR #215  
PLANTATION, FL 33324



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0501584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRIAN LYNN CPA  
TWO SOUTH UNIVERSITY DR #215  
PLANTATION, FL 33324

**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 of the named or limited name of registered agent and the filer, 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  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME COLLINS, THOMAS G  
STREET ADDRESS TWO SOUTH UNIVERSITY DR #215  
CITY-ST-ZIP PLANTATION, FL 33324

000000349424  
05/02/05-80063-022 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone