


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000080266 1. Entity Name COLGATE MANAGEMENT, INC.	
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Principal Place of Business 16731 MCGREGOR BLVD. FT. MYERS, FL 33908	Mailing Address 16731 MCGREGOR BLVD. FT. MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1035285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLGATE, DORIS E
 16731 MCGREGOR BLVD.
 FT. MYERS, FL 33908

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV COLGATE, DORIS E 15400 CATALPA COVE LN FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COLGATE, STEPHEN 15400 CATALPA COVE LN FORT MYERS, FL 33908
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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)(f), 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: *Doris Colgate* **Doris Colgate** 3/4/04 **239-454-1700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #