


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000098295	
1. Entity Name EDUARDO GUTIERREZ OF COLLIER INC	

Principal Place of Business 4537 18TH PLACE SW NAPLES, FL 34116	Mailing Address 4537 18TH PLACE SW NAPLES, FL 34116
---	---

DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3678531	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

**GUTIERREZ, EDUARDO
4537 18TH PL SW
NAPLES, FL 34116**

**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	U000000113827 04/15/04-80029-010 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE PSTD	<p>DO NOT WRITE IN THIS SPACE</p>
NAME GUTIERREZ, EDUARDO	
STREET ADDRESS 4537 18TH PL SW	
CITY-ST-ZIP NAPLES, FL 34116	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<p>DO NOT WRITE IN THIS SPACE</p>
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<p>DO NOT WRITE IN THIS SPACE</p>
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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: Eduardo Gutierrez **4/12/04** **(239) 455-2563**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #