2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001512

Entity Name: COLLIER TRANSIT MANAGEMENT, INC

FILED Mar 31, 2008 Secretary of State

Littly Nan	ile. COLLIER	TRANSIT WANAGEWENT, INC.				
Current Pr	incipal Place	of Business:	New Princi	New Principal Place of Business:		
2901 COUNTY BARN RD NAPLES, FL 34112				8300 RADIO ROAD NAPLES, FL 34104		
Current Mailing Address:			New Mailir	New Mailing Address:		
SUITE 307	CANTILE PLAZ RTH, TX 7613					
FEI Number:	75-2915513	FEI Number Applied For ()	FEI Number Not Appli	cable () Certifi	cate of Status Desired ()	
Name and	Address of Co	ırrent Registered Agent:	Name and	Address of New Ro	egistered Agent:	
950 BIG TF	KENNETH R REE RD. BEACH, FL 32	2119 US				
The above in the State		ubmits this statement for the purp	oose of changing it	s registered office o	r registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Agent			Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FISCHER, KENN	LE PLAZA # 307	Title: Name: Address: City-St-Zip:	()Change	e () Addition	
Title: Name: Address: City-St-Zip:	BABBITT, ROBE	LE PLAZA # 307	Title: Name: Address: City-St-Zip:	PRES (X) Chang BABBITT, ROBERT T F 4500 MERCANTILE PL FT. WORTH, TX 7613	AZA # 307	
Title: Name: Address: City-St-Zip:	HEIL, KAREN L	LE PLAZA # 307	Title: Name: Address: City-St-Zip:	S/T (X) Chang HEIL, KAREN L S/T 4500 MERCANTILE PL FORT WORTH, TX 76		
Title: Name: Address: City-St-Zip:	JOHN, BARTOSI	LE PLAZA # 307	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	VP () I ELIZABETH, SUG 2901 COUNTY B NAPLES, FL 34	ARN ROAD	Title: Name: Address: City-St-Zip:	VP (X) Chang ELIZABETH, SUCHSLA 8300 RADIO ROAD NAPLES, FL 34104	e () Addition ND VP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN L HEIL S/T 03/31/2008