

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000017372

Entity Name: MARIE A COLLINS, P.A.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6164 WATERFIELD WAY  
ST. CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

6164 WATERFIELD WAY  
ST. CLOUD, FL 34771

**New Mailing Address:**

FEI Number: 59-3697582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLLINS, MARIE A P.A.  
6164 WATERFIELD WAY  
ST. CLOUD, FL 34771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COLLINS, MARIE A P.A.  
Address: 6164 WATERFIELD WAY  
City-St-Zip: ST. CLOUD, FL 34771

Title: O  
Name: COLLINS, STEVEN W  
Address: 6164 WATERFIELD WAY  
City-St-Zip: SAINT CLOUD, FL 34771

I hereby 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 all other like empowered.

SIGNATURE: MARIE A. COLLINS,P.A.

MNGR

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date