

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90006 002 ***150.00

DOCUMENT # P01000047597

1. Entity Name

GREG COLLINS BUILDERS, INC.



Principal Place of Business

2707 SW 33RD AVENUE
#516
OCALA FL 34474

Mailing Address

2707 SW 33RD AVENUE
#516
OCALA FL 34474

2. Principal Place of Business

1400 SE 91ST PLACE

Suite, Apt. #, etc.

3. Mailing Address

1400 SE 91ST PLACE

Suite, Apt. #, etc.

City & State

OCALA FLA

City & State

OCALA FLA

Zip

34480

Country

USA

Zip

34480

Country

USA

4. FEI Number

59-3728371

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, GREGORY L
2707 SW 33RD AVENUE #516
OCALA FL 34474

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1400 SE 91ST PLACE

City

OCALA

FL

Zip Code

34480

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME COLLINS, GREGORY L
STREET ADDRESS 2707 SW 33RD AVENUE #516
CITY-ST-ZIP Ocala FL 34474

TITLE D ☐ Delete
NAME COLLINS, TEENA KAY
STREET ADDRESS 2707 SW 33RD AVENUE #516
CITY-ST-ZIP Ocala FL 34474

TITLE D ☐ Delete
NAME COLLINS, TYSON GRAY
STREET ADDRESS 10911 S.W. 38TH AVENUE
CITY-ST-ZIP Ocala FL 34476

TITLE D ☐ Delete
NAME COLLINS, TREVOR DANE
STREET ADDRESS 2707 SW 33RD AVENUE #516
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 1400 SE 91ST PLACE
STREET ADDRESS Ocala, FLA 34480
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 1400 SE 91ST PLACE
STREET ADDRESS Ocala, FLA 34480
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #