2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000076343

Entity Name
 COLLIN'S ENTERPRISES OF SOUTH FLORIDA, INC.



FILED Jan 17, 2006 08:00 AM Secretary of State

Principal Place of Business 4190 NORTH KINGS HIGHWAY FT PIERCE, FL 34951 Mailing Address

4190 NORTH KINGS HIGHWAY FT PIERCE, FL 34951



DO NOT WRITE IN THIS SPACE Ott112006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1136263 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

RIDOLFO, PHILLIP T JR, ESQ 777 S FLAGLER DRIVE #300E WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

PED (PALM DEAD),) E 00401			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 Signature, typed or printed native of registered egistic and title if applicable. (NDTE Registered Agent				grifasiller neife bestüber	DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fin. Trust Fund Contribution			<u> </u>	\$5.00 May Be Added to Fees	140000386665 01/19/06-80009-002-150.00
10.	OFFICERS AND DIRECTORS				
TALE	D				- · · ·
NAME STREET ADDRESS CXTY-ST-ZIP	COLLIN, JERRY W 11000 S OCEAN DRIVE JENSEN BEACH, FL 34957				
TITLE		t with the same to		e e en ert <u>e</u> .	and the experience of the control of
NAME					
STREET ADDRESS	}	1			1
GITY-ST-ZIP		1			
Toro F	<u> </u>				and the second of the second o
TITLE NAME	1				
STREET ADDRESS					
CITY-ST-ZIP	}			DO	NOT WRITE
	<u> </u>				
TITLE		· •		- IN	THIS SPACE
NAME		3			
STREET ADDRESS		1			•
CATY-ST-ZIP					
TITLE		· •			the state of the s
NAME	1	1			}
STREET ADDRESS	(ŧ			
CITY-ST-ZIP	<u> </u>				
TITLE		* · · · · · · · · · · · · · · · · · · ·			which was a construction of the construction o
HAME					
STREET ADDRESS					
CITY-ST-ZIP	[1] 19 [1] [1] 14 [1] 14 [14] 14 [14] 14 [14] 14 [14]	17. 1 35 32 1 2.			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under path; 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.					