

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-12-2004 90657 046 ***150.00

DOCUMENT # P01000076348

1. Entity Name

PERSPECTIVES OF COLLIER, INC.



Principal Place of Business

~~789 103RD AVE N~~
~~NAPLES FL 34109~~

Mailing Address

789 103RD AVE N
 NAPLES FL 34109

2. Principal Place of Business

209 MENTOR AVE.

Suite, Apt. #, etc.

3. Mailing Address

209 MENTOR AVE.

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

NAPLES, FLORIDA

Zip

34110

Country

U.S.A.

City & State

NAPLES, FLORIDA

Zip

34110

Country

U.S.A.

4. FEI Number

59-3736395

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARDEIN, NICHOLAS E
 789 103RD AVE N
 NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

NICHOLAS WARDEIN

4-9-2004

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	P	<input type="checkbox"/> Delete
NAME	WARDEIN, NICHOLAS E	
STREET ADDRESS	789 103RD AVE N	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WARDEIN, ROBERT	
STREET ADDRESS	7746 CITRUS HILL LANE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ANSURES, ROBERT	
STREET ADDRESS	4214 23RD PLACE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARDEIN, NICHOLAS E	
STREET ADDRESS	209 MENTOR AVE.	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

NICHOLAS WARDEIN

Date

4-9-2004 (239) 398-4427

Daytime Phone #