# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2006**
**Secretary of State**

DOCUMENT# P01000084123

**Entity Name:** CAROLYN AND GARY COLLINS, P.A.

**Current Principal Place of Business:**

3020 SATSUMA DRIVE
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

3020 SATSUMA DR.
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number: 65-1132341** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COLLINS, CAROLYN BARKER
3020 SATSUMA DR.
SARASOTA, FL 34239 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: COLLINS, CAROLYN BARKER
Address: 3020 SATSUMA DR.
City-St-Zip: SARASOTA, FL 34239

Title: PRES ( ) Delete
Name: COLLINS, CAROLYN BARKER
Address: 3020 SATSUMA DR.
City-St-Zip: SARASOTA, FL 34239

Title: CFO ( ) Delete
Name: COLLINS, GARY
Address: 3020 SATSUMA DR.
City-St-Zip: SARASOTA, FL 34239

Title: SEC ( ) Delete
Name: COLLINS, CAROLYN BARKER
Address: 3020 SATSUMA DR.
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: COLLINS, GARY
Address: 3020 SATSUMA DR.
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: COLLINS, GARY
Address: 3020 SATSUMA DR.
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN BARKER COLLINS PRES 04/30/2006

Electronic Signature of Signing Officer or Director — Date