

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90005 005 \*\*\*550.00

**DOCUMENT # P01000094897**  
 1. Entity Name  
 COLLABORATIVE COMMUNICATIONS, INC.



Principal Place of Business  
 1407 N BAYLEN STREET  
 PENSACOLA, FL 32501

Mailing Address  
 POST OFFICE BOX 13470  
 PENSACOLA, FL 32591-3470

**54070146**

**DO NOT WRITE IN THIS SPACE**



08232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3750798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHACKLEY, SUZANNE  
 1407 N BAYLEN STREET  
 PENSACOLA, FL 32501

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SCHACKLEY, SUZANNE 1407 N BAYLEN STREET PENSACOLA, FL 32501
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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 of the like empowered.

**SIGNATURE:** *Suzanne Shackley* **Suzanne Schackley** **8/23/04** **(850) 433-9785**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #