2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 2005 08:00 AM DOCUMENT # P01000106160 1. Entity Name **Secretary of State** COLLIER POOLS OF WINTER PARK, INC. Mailing Address Principal Place of Business 2500 SALISBURY BOULEVARD WINTER PARK FL 32789 PO BOX 1797 WINTER PARK FL 32790 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FE! Number 59-3753890 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLIER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2500 SALISBURY BOULEVARD WINTER PARK FL 32789 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agont signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition TITLE OD ☐ Delete COLLIER, MICHAEL NAME NAME 2500 SALISBURY BOULEVARD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP WINTER PARK FL 32789 CITY ST-71P Addition ☐ Change TITLE Defete TITLE U00000223734 NAME NAME 02/10/05-80057-010 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY - ST - ZIP Change Addition HILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition THEF Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the end 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.

FILED