

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

02-13-2006 90020 006 ***150.00

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66003180



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3758150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLLINS, THOMAS D.
1190 BOUNTY BLVD.
VERO BEACH, FL 32963

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME COLLINS, THOMAS D
STREET ADDRESS 1190 BOUNTY BLVD.
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D
NAME COLLINS, DEBBIE F
STREET ADDRESS 1190 BOUNTY BLVD.
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

Thomas D. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 772-778-9222

DATE Daytime Phone #

THOMAS D. COLLINS



ATTACHMENT
66003180

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

TOM COLLINS INSURANCE AGENCY, INC.
1555 INDIAN RIVER BLVD UNIT 130
VERO BEACH, FL 32960

Subject: TOM COLLINS INSURANCE AGENCY, INC.

Reference Number:

P01000111719

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION