

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000067410

1. Entity Name
THE HOUSE OF COLQUHOUN, INC.



Principal Place of Business
3270 64TH ST SW
NAPLES, FL 34105

Mailing Address
3270 64TH ST SW
NAPLES, FL 34105

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262007

Chg-P

CR2E034 (12/06)

4. FEI Number
01-0736826

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOLPE, MICHAEL J
711 FIFTH AVE. SOUTH, STE. 201
NAPLES, FL 34102

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME COLQUHOUN, CRAIG
STREET ADDRESS 4275 1ST AVE. NW
CITY-ST-ZIP NAPLES, FL 34119

TITLE VSTD ☐ Delete
NAME ELETT, TEDDY
STREET ADDRESS P.O. BOX 9350 TPE
CITY-ST-ZIP NAPLES, FL 34107-34105 TPE

TITLE P ☐ Delete
NAME WILLIAM, ELETT H
STREET ADDRESS 3270 64TH ST SW
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300105642653
CITY-ST-ZIP 07/06/07--01055--011 **\$61.25

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Post Office Box 9350
CITY-ST-ZIP Naples, Florida 34105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Teddy P. Ellett* TEDDY P. ELETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #