


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P02000090283 1. Entity Name CIMMARON COLLECTION, INC. |  |
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| Principal Place of Business 106 COMMERCE ST STE 106 LAKE MARY, FL 32746 | Mailing Address 106 COMMERCE ST STE 106 LAKE MARY, FL 32746 |
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 54-2068555 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CHIUMENTO, MICHAEL D ESQ 4 OLD KINGS RD N STE B PALM COAST, FL 32137 | DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000092591 03/19/04-80014-022 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NYE, AVERY JR 106 COMMERCE ST STE 106 LAKE MARY, FL 32746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P EDWARDS, JANET A 106 COMMERCE ST., STE 106 LAKE MARY, FL 32746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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IN THIS SPACE**

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 other like empowered.

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|--|---------------------------------------|--------------------------------|
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 3-16-04 <small>Date</small> | <small>Daytime Phone #</small> |
|--|---------------------------------------|--------------------------------|