## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000102984

Entity Name: COLLINS CAPITAL MANAGEMENT, INC.

FILED Mar 11, 2004 Secretary of State

Entity Name: OOLLIN	O OAI ITAL MANAOLMLINT, IIN	O.		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
7077 BONNEVAL ROAI SUITE 340 JACKSONVILLE, FL 32				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
7077 BONNEVAL ROAI SUITE 340 JACKSONVILLE, FL 32				
FEI Number: 82-0565164	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
TIMOTHY P. KELLY, P., 10161 LASALLE ST JACKSONVILLE, FL 32				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				
Electro	onic Signature of Registered Age	ent	Date	
Election Campaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D ( Name: COLLINS, SH	) Delete EILA	Title: Name:	( ) Change ( ) Addition	

 Name:
 COLLINS, SHEILA
 Name:

 Address:
 9927 HECKSHER DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32226
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA COLLINS PRES 03/11/2004