

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000102984

Entity Name
COLLINS CAPITAL MANAGEMENT, INC.



Principal Place of Business
**77 BONNEVAL ROAD
SUITE 340
JACKSONVILLE, FL 32216**

Mailing Address
**7077 BONNEVAL ROAD
SUITE 340
JACKSONVILLE, FL 32216**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0565164

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MOTHY P. KELLY, P.A.
161 LASALLE ST
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

I, 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

**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**

**11000003396737
01/30/06-80024-007 150.00**

OFFICERS AND DIRECTORS

D
**COLLINS, SHEILA
9927 HECKSHER DR
JACKSONVILLE, FL 32226**

ADDRESS
ST-21P

ADDRESS
ST-21P

ADDRESS
ST-21P

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ADDRESS
ST-21P

**DO NOT WRITE
IN THIS SPACE**

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: *Sheila Collins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 (904) 493-7500
Date Daytime Phone #