

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000102984

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** COLLINS CAPITAL MANAGEMENT, INC.

**Current Principal Place of Business:**

7077 BONNEVAL ROAD  
SUITE 340  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

7077 BONNEVAL ROAD  
SUITE 340  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 82-0565164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TIMOTHY P. KELLY, P.A.  
10161 LASALLE ST  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: COLLINS, SHEILA  
Address: 9927 HECKSHER DR  
City-St-Zip: JACKSONVILLE, FL 32226

Title: PRIN  
Name: HELEN M. RAKE  
Address: 3300 CARMEL ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: SHEILA COLLINS

PRES

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date