

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90088 027 ***150.00

DOCUMENT # P02000121814

1. Entity Name

THE COLLIER COLLECTION, INC.



Principal Place of Business
3920 W. COLONIAL DR.
ORLANDO FL 32808

Mailing Address
3920 W. COLONIAL DR.
ORLANDO FL 32808



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **17-1858787**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

HOLMES, JOHN V
811 N. MAGNOLIA AVE.
ORLANDO FL 32803

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 fee - applicable

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | SVP | <input type="checkbox"/> Delete |
| NAME | COLLIER, MARY S | |
| STREET ADDRESS | 3920 W. COLONIAL DR. | |
| CITY- ST- ZIP | ORLANDO FL 32808 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BISHOP, LYNN | |
| STREET ADDRESS | 3920 W. COLONIAL DR. | |
| CITY- ST- ZIP | ORLANDO FL 32808 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | COLLIER, MICHAEL | |
| STREET ADDRESS | 3920 W. COLONIAL DR. | |
| CITY- ST- ZIP | ORLANDO FL 32808 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | COLLIER, DAVID S | |
| STREET ADDRESS | 3920 W. COLONIAL DR. | |
| CITY- ST- ZIP | ORLANDO FL 32808 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | COLLIER, SUSAN T | |
| STREET ADDRESS | 3920 W. COLONIAL DR. | |
| CITY- ST- ZIP | ORLANDO FL 32808 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

SUSAN C SPROUSE ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mary S. Collier*

Mary S. Collier SVP

02/28/07 407 297-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #