

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000019251

1. Entity Name
COLLINS MANAGEMENT & REALTY, INC.



Principal Place of Business
223 EAST OAK STREET
SUITE 1
ARCADIA, FL 34266

Mailing Address
223 EAST OAK STREET
SUITE 1
ARCADIA, FL 34266



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0452551

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, THERMON D
223 EAST OAK STREET
SUITE 1
ARCADIA, FL 34266

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when translating)

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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLLINS, THERMON D
STREET ADDRESS	3533 SE MONTGOMERY CIRCLE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000407311
02/08/06-80013-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thermon D. Collins / Thermon D. Collins / 26/06 863-993-7979