

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037643

FILED
Mar 28, 2006
Secretary of State

Entity Name: COLLIER'S ACCOUNTING SERVICE, INC.

Current Principal Place of Business:

7238 MAPLEHURST DRIVE
PORT RICHEY, FL 34668

New Principal Place of Business:

14055 TENNYSON DRIVE
HUDSON, FL 34667

Current Mailing Address:

7238 MAPLEHURST DRIVE
PORT RICHEY, FL 34668

New Mailing Address:

14055 TENNYSON DRIVE
HUDSON, FL 34667

FEI Number: 13-4246940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER, JAMES H SR
7238 MAPLEHURST DRIVE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

COLLIER, JAMES H SR
14055 TENNYSON DRIVE
HUDSON, FL 34667 US

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: JAMES H COLLIER SR

03/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLLIER, JAMES H SR
Address: 7238 MAPLEHURST DRIVE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLLIER, JAMES H SR
Address: 14055 TENNYSON DRIVE
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAMES H COLLIER SR

P

03/28/2006

Electronic Signature of Signing Officer or Director

Date