


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
A06-23-2006 90008 047 ***150.00
FILED P03000065706

06 JUN 29 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSA

DOCUMENT # P03000065706					
1. Entity Name THOMAS D. COLLETT, INC.					
Principal Place of Business PO BOX 357758 GAINESVILLE, FL 32635			Mailing Address PO BOX 357758 GAINESVILLE, FL 32635		
2. Principal Place of Business 3500 NW 97th Blvd.		3. Mailing Address 3500 NW 97th Blvd.			
Suite, Apt. #, etc. Suite I		Suite, Apt. #, etc. Suite I			
City & State Gainesville FL		City & State Gainesville, FL			
Zip 32606		Country USA		Zip 32606	
Country USA		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SAWYER, J. MICHAEL ESQ. LAW OFFICES OF DECARLIS & SAWYER 5000 NW 27TH COURT, SUITE C GAINESVILLE, FL 32606			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 _____ (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR COLLETT, THOMAS D PO BOX 357758 GAINESVILLE, FL 32635 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Thomas D. Collett</i>		THOMAS D. COLLETT		6/19/2006 (352) 331-0685	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	