

P03000075593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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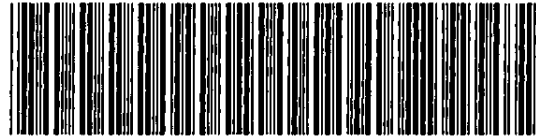
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O.D. Res.

SP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COLLMAN REALTY INC.
(Name of Corporation)

DOCUMENT NUMBER: I HAVE NO KNOWLEDGE OR A WAY TO OBTAIN THAT NUMBER

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

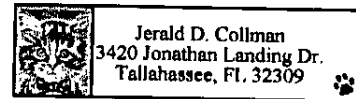
JERALD D. COLLMAN
(Name of Person)

COLLMAN REALTY INC.
(Name of Firm/Company)

1258 CEDAR CENTER DR.
(Address)

TALLAHASSEE FL 32301
(City/State and Zip Code)

SEND VERIFICATION
BACK TO THIS ADDRESS!



For further information concerning this matter, please call:

JERALD D. COLLMAN at (850) 933-9733
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

C4601 1013

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

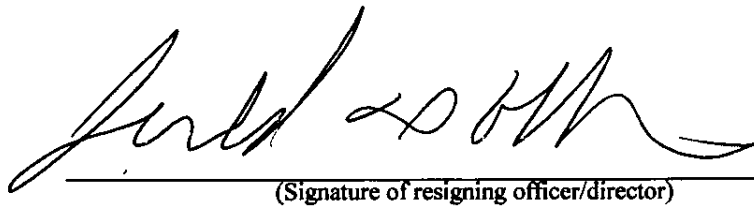
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, TERAZO D. COLLMAN, hereby resign as PRESIDENT on 12/31/2004
(Title)

of COLLMAN REALTY INC.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA