2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 03, 2005 8:00 am
Secretary of State
02-03-2005 90049 037 ***150.00

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DOCUMENT # P03000106999

1. Entity Name
COLLINS TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
88 HOLLY RIDGE ROAD HAVANA, FL 32333	88 HOLLY RIDGE ROAD HAVANA, FL 32333

2. Principal Place of Business	3. Mailing Address
3559 Timberlane Sch. Rd	3559 Timberlane Sch. Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Fl	City & State: Tallahassee, Fl
Zip: 32312 Country: US	Zip: 32312 Country: US

4. FEI Number: 20-0262268 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, EDWIN R
88 HOLLY RIDGE ROAD
HAVANA, FL 32333

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 title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P COLLINS, EDWIN R 88 HOLLY RIDGE ROAD HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COLLINS, BRANDI S 88 HOLLY RIDGE ROAD HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: BSCollins Brandi S. Collins 2/1/05 850-559-0631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #