

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90042 044 ***150.00

DOCUMENT # P03000119966

1. Entity Name

COLLIER RESIDENTIAL CONTRACTING INC.



Principal Place of Business

**6155 16 AVE NW
NAPLES FL 34119-1227**

Mailing Address

**6155 16 AVE NW
NAPLES FL 34119-1227**

2. Principal Place of Business*

6155 Standing Oaks Ln.

3. Mailing Address

6155 Standing Oaks Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FLA.

City & State

Naples, FLA.

Zip

34119

Country

USA

Zip

34119

Country

USA

4. FEI Number

55-0861263

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MERRITT, DEBBIE G
6155 16 AVE NW
NAPLES FL 34119-1227**

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **MERRITT, DEBBIE G**
STREET ADDRESS **6155 16 AVE NW**
CITY-ST-ZIP **NAPLES FL 34119-1227**

TITLE **Vice President** ☐ **Delete**
NAME **Ricky Barnes**
STREET ADDRESS **330. 31st St. SW.**
CITY-ST-ZIP **Naples, FLA. 34117**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Debbie Merritt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04 239-566-9901
Date Daytime Phone #