


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000119966 1. Entity Name COLLIER RESIDENTIAL CONTRACTING INC.						SECRETARY OF STATE DIVISION OF CORPORATIONS 06 SEP 29 PM 2:21	
Principal Place of Business 6155 STANDING OAKS LANE NAPLES, FL 34119				Mailing Address 6155 STANDING OAKS LANE NAPLES, FL 34119			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
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: <i>Debbie Merritt</i> (NOTE: Registered Agent signature required when reinstating) DATE:							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	200080307002 09/29/06--01051--020 **900.00		
NAME	MERRITT, DEBBIE G		NAME				
STREET ADDRESS	6155 16 AVE NW		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 341191227		CITY-ST-ZIP				
TITLE	VP	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	BARNES, RICKY		NAME				
STREET ADDRESS	330 31ST STREET SW		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34117		CITY-ST-ZIP				
TITLE		Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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>Debbie Merritt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>09-04-06</i> <small>Date</small>		<i>1-239-566-990</i> <small>Daytime Phone #</small>	