

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000116194

1. Entity Name
COLLINWOOD PROPERTIES, INC.



Principal Place of Business
4600 MAGNOLIA BEACH ROAD
PANAMA CITY BEACH, FL 32408

Mailing Address
4600 MAGNOLIA BEACH ROAD
PANAMA CITY BEACH, FL 32408



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3453161

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHUMAKER, CLAUDIA C
4600 MAGNOLIA BEACH ROAD
PANAMA CITY BEACH, FL 32408

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000894606
04/24/08-80036-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
COLLINS, MARION M
4600 MAGNOLIA BEACH ROAD
PANAMA CITY BEACH, FL 32408

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marion M. Collins MARION M. COLLINS

Date

4-10-08

Daytime Phone #

850-234-2556