


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90012 040 ***150.00

DOCUMENT # P04000123405	
1. Entity Name COLLIER ONE MARKETING, INC.	

Principal Place of Business 2565 1ST PL VERO BEACH, FL 32962	Mailing Address 2565 1ST PL VERO BEACH, FL 32962
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06162006 Chg-P CR2E034 (11/05)

4. FEI Number 201642698		Applied For
APPLIED FOR		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLLIER, JEFFREY M 2565 1ST PL VERO BEACH, FL 32962		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST COLLIER, JEFFREY M 2565 1ST PL VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jeffrey M. Collier **JEFFREY M. COLLIER** 4/16/06 7727782004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40096211

MEMO:

TO: Florida Department of State,
Division of Corporations

FROM: Jeffrey M. Collier,
Collier One Marketing, Inc.

DATE: June 16, 2006

RE: Annual Report – Document # P04000123405

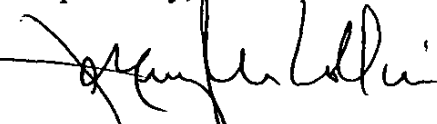
To Whom It May Concern:

Enclosed, please find a check for \$150.00 which is for my annual fees that are due. I have been in and out the hospital for the last six months. Hospitalized in Vero Beach at Indian River Memorial Hospital and Jackson Memorial, in Miami. In between hospital stays and being single, I had to stay at my sisters' house for medical care. I was released from doctor's care on May 31st and returned home that weekend.

With all this going on with my illness, many of my business and financial matters were over-looked, including filing for my Annual Report in a timely manner. I am presently on Social Security Disability, and hoping to start back to work with my Marketing Business part-time soon. I have not been able to work since December 2005!

With all this going on, I am hoping you will waive my \$400.00 late fee as this will be a hardship on me at this time. Thank you for your consideration.

Respectfully,



Jeffrey M. Collier