

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90038 011 \*\*\*150.00

**DOCUMENT # P04000129635**

1. Entity Name  
**COLLIER ALE HOUSE, INC.**



Principal Place of Business  
**3220 J & C BLVD #8  
NAPLES, FL 34109**

Mailing Address  
**3220 J & C BLVD #8  
NAPLES, FL 34109 US**

2. Principal Place of Business - No P.O. Box #  
**2220 J & C Blvd**

3. Mailing Address  
**2220 J & C Blvd.**

Suite, Apt. #, etc.  
**# 8**

Suite, Apt. #, etc.  
**# 8**

City & State

City & State

Zip

Country

Zip

Country

05012007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**20-1672128**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**COHEN, HENRY C  
27200 RIVERVIEW CENTER BLVD.  
SUITE 309  
BONITA SPRINGS, FL 34134**

## 7. Name and Address of New Registered Agent

Name **Patty A. Walbert**  
Street Address (P.O. Box Number is Not Acceptable) **2220 J & C Blvd #8**  
City **Naples** **FL** Zip Code **34109**

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

**4-30-07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RIOS, JOSEPH 1046 PINE RIDGE ROAD NAPLES, FL 34108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP SEYLER, RANDALL J 1046 PINE RIDGE ROAD NAPLES, FL 34108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S WALBERT, PATRICIA A 1046 PINE RIDGE ROAD NAPLES, FL 34108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2220 J &amp; C Blvd #8 Naples, FL 34109</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2220 J &amp; C Blvd #8 Naples, FL 34109</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2220 J &amp; C Blvd #8 Naples, FL 34109</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-30-07 239-597-0742**