

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90454 019 \*\*\*150.00

**DOCUMENT # P04000158502**

1. Entity Name  
**COLLIER TAT INC**



Principal Place of Business  
**22911 STATE ROAD 54  
LUTZ, FL 33549**

Mailing Address  
**22911 STATE ROAD 54  
LUTZ, FL 33549**

**60031758**



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1913764**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOHN, ALEX  
3356 ZACK COURT  
DUNEDIN, FL 34698**

**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.

X SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/26/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
**P  
JOHN, ALEX  
3751 EXETER COURT #101  
PALM HARBOR, FL 34685**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
PAZHUKA, THOMAS  
1409 HATCHER LOOP DRIVE  
BRANDON, FL 33511**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
PULIVEWIL, THOMAS  
1420 HACKL BLVD.  
BARTOW, FL 33830**

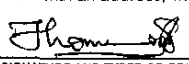
TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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.

X SIGNATURE:  **THOMAS PULIVEWIL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/26/06**  
Date

**813-909-1857**  
Daytime Phone #