

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000166708

Entity Name: J. M. COLLINS CONSTRUCTION, INC.

**FILED**  
**Jul 11, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

3525 EDSSEL AVENUE  
ST. CLOUD, FL 34772 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

3525 EDSSEL AVENUE  
ST. CLOUD, FL 34772 US

## **New Mailing Address:**

FEI Number: 20-1994307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

COLLINS, JACQUES  
3525 EDSSEL AVENUE  
ST. CLOUD, FL 34772 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COLLINS, JACQUES  
Address: 3525 EDSSEL AVENUE  
City-St-Zip: ST. CLOUD, FL 34772 US

Title: O ( ) Delete  
Name: LARUSSO, ROBERT  
Address: 3525 EDSSEL AVENUE  
City-St-Zip: ST. CLOUD, FL 34772 US

Title: O (X) Delete  
Name: HAMILTON, STEVE  
Address: 3525 EDSSEL AVENUE  
City-St-Zip: ST. CLOUD, FL 34772 US

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O (X) Change ( ) Addition  
Name: COLLINS, TRACY L  
Address: 3525 EDSSEL AVENUE  
City-St-Zip: ST. CLOUD, FL 34772 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUES COLLINS

PD

07/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date