# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 22, 2005 8:00 am**
**Secretary of State**
07-22-2005 90018 044 ***150.00

DOCUMENT # P04000166731

1. Entity Name
D.G. COLLINS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1850 W. CHAPMAN ROAD<br>OVIEDO, FL 32765 | 1850 W. CHAPMAN ROAD<br>OVIEDO, FL 32765 |

06302005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1253 Trunkfish Dr. | PO Box 3209 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Holiday, FL | City & State: Holiday, FL |
| Zip: 34690 Country: Pasco | Zip: 34690 Country: Pasco |

4. FEI Number: 01-0824782 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| COLLINS, DARRELL G.<br>1850 W. CHAPMAN ROAD<br>OVIEDO, FL 32765 | Name: Collins, Darrell G.<br>Street Address (P.O. Box Number is Not Acceptable): 1253 Trunkfish Dr.<br>City: Holiday FL Zip Code: 34690 |

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: Deborah M. Dondero Deborah M. Dondero 7/18/05
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>COLLINS, DARRELL G.<br>1850 W. CHAPMAN ROAD<br>OVIEDO, FL 32765 | ☐ Delete | DP<br>Collins, Darrell G.<br>1253 Trunkfish Dr. (address)<br>Holiday, FL 34690 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | VP<br>Dondero, Deborah M.<br>1253 Trunkfish Dr.<br>Holiday, FL 34690 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Deborah M. Dondero Deborah M. Dondero 727-946-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #