## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000117886

Entity Name: COLLIER FUEL SERVICE, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3581 SW 29TH AVE 4427 EXCHANGE AVE STE 8 NAPLES, FL 34117 US NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

3581 SW 29TH AVE NAPLES, FL 34117 US

FEI Number: 20-3355504 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TOALSON, SCOT

3581 SW 29TH AVE

NAPLES, FL 34117 US

TOALSON, SCOT

4427 EXCHANGE AVE STE D

NAPLES, FL 34104 US

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: SCOT C. TOALSON 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 TOALSON, SCOT
 Name:
 TOALSON, SCOT

 Address:
 3581 SW 29TH AVE
 Address:
 3581 SW 29TH AVE

 City-St-Zip:
 NAPLES, FL 34117 US
 City-St-Zip:
 NAPLES, FL 34117 US

Title: D () Delete Title: () Change () Addition

 Name:
 TOALSON, SCOT
 Name:

 Address:
 3581 SW 29TH AVE
 Address:

 City-St-Zip:
 NAPLES, FL 34117 US
 City-St-Zip:

Title: ( ) Delete Title: ST ( ) Change (X) Addition

 Name:
 Name:
 GUNDECK, KELLIE ST

 Address:
 Address:
 710 31ST ST NW

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 34120

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: SCOT C TOALSON P 04/28/2006