2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000114820

1. Entity Name
D.B.R. OF COLLIER, INC.

Principal Place of Business	Mailing Address
720 GOODLETTE RD. 201 NAPLES, FL 34102	P. O. BOX 11228 NAPLES, FL 34101

DO NOT WRITE IN THIS SPACE

01182008   No Chg-P   CR2E034 (11/05)

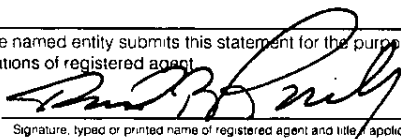| 4. FEI Number	Applied For
87-0779164	Not Applicable

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

6. Name and Address of Current Registered Agent

RAWLINGS, DAVID
720 GOODLETTE RD.
201
NAPLES, FL 34102

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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 _____   1/31/08

Signature, typed or printed name of registered agent and title, if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000814414
02/13/08-80042-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAWLINGS, DAVID
STREET ADDRESS	4555 SHEARWATER LANE
CITY-ST-ZIP	NAPLES, FL 34119

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/31/04   239-430-2303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #