## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000116020

City-St-Zip:

Entity Name: COLLINS & GREENE, INC.

FILED Apr 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 449 NW PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34983 **Current Mailing Address: New Mailing Address:** 722 SW GENERAL PATTON TERRACE 449 NW PRIMA VISTA BLVD. PORT SAINT LUCIE, FL 34953 PORT ST. LUCIE, FL 34983 FEI Number: 20-5487870 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: COLLINS, MICHAEL A D 214 NE 22ND LANE DELRAY BEACH, FL 33444 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition Name: GREENE, JEFF A Name: 722 SW GENERAL PATTON TERRACE Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: COLLINS, ANDREW L Name: 214 NE 22ND LANE Address: Address: DELRAY BEACH, FL 33444 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition COLLINS, MICHAEL A Name: Name: 214 NE 22ND LANE Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition GREENE, HILDA M Name: Name: Address: Address: 722 SW GENERAL PATTON TERRACE

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

PORT ST LUCIE, FL 34953

SIGNATURE: MICHAEL COLLINS D 04/28/2008