04-16-2007 90036 021 ***150.00
P06000116646

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 APR 30 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000116646

1. Entity Name
COLLI CUSTOM FURNITURE & CABINETRY INC.

Principal Place of Business
3754 DOMESTIC AVE., UNIT E
NAPLES, FL 34104

Mailing Address
3754 DOMESTIC AVE., UNIT E
NAPLES, FL 34104

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01272007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-5498472 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. ... with and accept the obligations of registered agent.

SIGNATURE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

Title	DP	☐ Delete
Name	COLLI, JOHN	
Street Address	3754 DOMESTIC AVE., UNIT E	
City-St-Zip	NAPLES, FL 34104	
Title		☐ Delete
Name		
Street Address		
City-St-Zip		
Title		☐ Delete
Name		
Street Address		
City-St-Zip		
Title		☐ Delete
Name		
Street Address		
City-St-Zip		
Title		☐ Delete
Name		
Street Address		
City-St-Zip		
Title		☐ Delete
Name		
Street Address		
City-St-Zip		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

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 all other like empowered.

SIGNATURE: X [signature] 2/3/2007 2-2-07 239-394-8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN COLLI