

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000056474

Entity Name: N M COLLINSWORTH, INC

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6167 LEE ANN LANE, UNIT 3  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6167 LEE ANN LANE, UNIT 3  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 26-2759549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLLINSWORTH, NEAL R  
6841 MISTY LAKE CT.  
FORT MYERS, FL 33908 US

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

COLLINSWORTH, NEAL R  
73 CARIBBEAN RD.  
NAPLES, FL 34108 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

01/06/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: COLLINSWORTH, NEAL R  
Address: 73 CARIBBEAN RD.  
City-St-Zip: NAPLES, FL 34108

Title: D  
Name: COLLINSWORTH, NEAL R  
Address: 73 CARIBBEAN RD.  
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: NEAL COLLINSWORTH

PVST

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date