

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000008687

1. Entity Name
COLLATERAL EVALUATION ASSOCIATES, INC.



Principal Place of Business
4457 HICKORY DRIVE
PALM BEACH GARDENS, FL 33418

Mailing Address
4457 HICKORY DRIVE
PALM BEACH GARDENS, FL 33418



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0387356

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FEINSINGER, FREDERICK
4457 HICKORY DRIVE
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2006 Fee will be \$550.00

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

U000000385471
01/18/06-80019-002-150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME FEINSINGER, FREDERICK
STREET ADDRESS 4457 HICKORY DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE S
NAME FEINSINGER, MARGARET S
STREET ADDRESS 4457 HICKORY DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE V
NAME FEINSINGER, GREGORY F
STREET ADDRESS 172 BENT TREE DR
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE V
NAME ROBINETTE, R L
STREET ADDRESS 6310 FARMINGDALE DR
CITY-ST-ZIP CHARLOTTE, NC 28212

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Frederick W. Feinsinger FREDERICK W FEINSINGER 1/11/06 561-624-5771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #