

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90178 024 ***150.00

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1. Entity Name

COLLECTION CONSULTANTS, INC.



Principal Place of Business

PO BOX 5366
SARASOTA FL 34277

Mailing Address

PO BOX 5366
SARASOTA FL 34277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number 65-0491288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POWERS, STEPHEN A
1792 SUMMER BREEZE WAY
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name *POWERS, Alona*

Street Address (P.O. Box Number is Not Acceptable)

1792 Summer Breeze Way

City *Sarasota*

FL

Zip Code *34232*

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete
NAME POWERS, STEPHEN A
STREET ADDRESS PO BOX 5366
CITY-ST-ZIP SARASOTA FL 34277

TITLE VP ☐ Delete
NAME SHARFF, MARK
STREET ADDRESS P.O. BOX 5366
CITY-ST-ZIP SARASOTA FL 34277

TITLE VP ☒ Delete
NAME FELLABAUM, ALLEN
STREET ADDRESS P.O. BOX 5366
CITY-ST-ZIP SARASOTA FL 34277

TITLE VP ☐ Delete
NAME POWERS, ALONA
STREET ADDRESS P.O. BOX 5366
CITY-ST-ZIP SARASOTA FL 34277

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *R.U. Curious* ☐ Change ☒ Addition
NAME *PO BOX 5366*
STREET ADDRESS *Sarasota, FL. 34277*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alona Powers
4/15/06

(941)
342-4321

Date

Daytime Phone #