


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90088 027 \*\*\*150.00

|   |                         |   |  |   |  |
|---|-------------------------|---|--|---|--|
| <b>DOCUMENT # P94000084953</b>  |                         |   |  |  |  |
| 1. Entity Name<br><b>ELWOOD COLLIER TRUST, INC.</b>   |                         |   |  |   |  |
| Principal Place of Business<br><b>8233 FORT CAROLINE ROAD<br/>JACKSONVILLE FL 32277<br/>US</b>  |                         |   | Mailing Address<br><b>8233 FORT CAROLINE ROAD<br/>JACKSONVILLE FL 32277<br/>US</b> |   |  |
| 2. Principal Place of Business  |                         |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |                         |   | Suite, Apt. #, etc.  |   |  |
| City & State  |                         |   | City & State   |   |  |
| Zip   | Country                 | Zip   | Country  | 4. FEI Number <b>59-7063643</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                         |   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>COLLIER, ELWOOD SR<br/>8233 FT CAROLINE RD<br/>JACKSONVILLE FL 32277</b>  |                         |   |  | 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. I am familiar with, and accept the obligations of registered agent.   |                         |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                         |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                         |   |  |   |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |                         |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                         |   |  |   |  |
| TITLE   | DP                      | <input type="checkbox"/> Delete                                   |  |   |  |
| NAME  | COLLIER, ELWOOD T       |   |  |   |  |
| STREET ADDRESS  | 8233 FORT CAROLINE ROAD |   |  |   |  |
| CITY-ST-ZIP   | JACKSONVILLE FL         |   |  |   |  |
| TITLE   | DV                      | <input type="checkbox"/> Delete                                   |  |   |  |
| NAME  | COLLIER, CHARLOTTE G    |   |  |   |  |
| STREET ADDRESS  | 8233 FORT CAROLINE ROAD |   |  |   |  |
| CITY-ST-ZIP   | JACKSONVILLE FL         |   |  |   |  |
| TITLE   | DST                     | <input type="checkbox"/> Delete                                   |  |   |  |
| NAME  | TEMPLE, CHARLOTTE G     |   |  |   |  |
| STREET ADDRESS  | 11106 SAIL POINT LANE   |   |  |   |  |
| CITY-ST-ZIP   | JACKSONVILLE FL         |   |  |   |  |
| TITLE   | D                       | <input type="checkbox"/> Delete                                   |  |   |  |
| NAME  | COLLIER, ELWOOD T JR    |   |  |   |  |
| STREET ADDRESS  | 12788 N. MUIRFIELD      |   |  |   |  |
| CITY-ST-ZIP   | JACKSONVILLE FL 32225   |   |  |   |  |
| TITLE   | D                       | <input type="checkbox"/> Delete                                   |  |   |  |
| NAME  | COLLIER, THOMAS C       |   |  |   |  |
| STREET ADDRESS  | 2920 EMERALD DRIVE      |   |  |   |  |
| CITY-ST-ZIP   | JONESBORO GA 30236      |   |  |   |  |
| TITLE   | D                       | <input type="checkbox"/> Delete                                   |  |   |  |
| NAME  | COLLIER, CHARLES E      |   |  |   |  |
| STREET ADDRESS  | 4552 BAY HARBOUR DR.    |   |  |   |  |
| CITY-ST-ZIP   | JACKSONVILLE FL 32225   |   |  |   |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |                         |   |  |   |  |
| TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| NAME  |                         |   |  |   |  |
| STREET ADDRESS  |                         |   |  |   |  |
| CITY-ST-ZIP   |                         |   |  |   |  |
| TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| NAME  |                         |   |  |   |  |
| STREET ADDRESS  |                         |   |  |   |  |
| CITY-ST-ZIP   |                         |   |  |   |  |
| TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| NAME  |                         |   |  |   |  |
| STREET ADDRESS  |                         |   |  |   |  |
| CITY-ST-ZIP   |                         |   |  |   |  |
| TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| NAME  |                         |   |  |   |  |
| STREET ADDRESS  |                         |   |  |   |  |
| CITY-ST-ZIP   |                         |   |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Elwood T. Collier Sr.</i> <b>3-1-05</b> <b>904-744-0361</b>   |                         |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                         |   |  |   |  |



1st MOORE CR2E034 (10/04)

4. FEI Number **59-7063643**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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                      | <input type="checkbox"/> Delete |
| NAME           | COLLIER, ELWOOD T       |                                 |
| STREET ADDRESS | 8233 FORT CAROLINE ROAD |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL         |                                 |
| TITLE          | DV                      | <input type="checkbox"/> Delete |
| NAME           | COLLIER, CHARLOTTE G    |                                 |
| STREET ADDRESS | 8233 FORT CAROLINE ROAD |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL         |                                 |
| TITLE          | DST                     | <input type="checkbox"/> Delete |
| NAME           | TEMPLE, CHARLOTTE G     |                                 |
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| CITY-ST-ZIP    | JACKSONVILLE FL         |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | COLLIER, ELWOOD T JR    |                                 |
| STREET ADDRESS | 12788 N. MUIRFIELD      |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32225   |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | COLLIER, THOMAS C       |                                 |
| STREET ADDRESS | 2920 EMERALD DRIVE      |                                 |
| CITY-ST-ZIP    | JONESBORO GA 30236      |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | COLLIER, CHARLES E      |                                 |
| STREET ADDRESS | 4552 BAY HARBOUR DR.    |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32225   |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

**THOMAS C COLLIER**  
**8233 FORT CAROLINE RD**  
**JACKSONVILLE FLA. 32277**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elwood T. Collier Sr.*

**3-1-05**

**904-744-0361**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #