

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90148 045 \*\*\*150.00

DOCUMENT # P94000085826

1. Entity Name  
COLLIER GROUP, INC.



Principal Place of Business

~~8154 LOWBANK DR.~~  
NAPLES, FL ~~34109~~ US

Mailing Address

~~8154 LOWBANK DR.~~  
NAPLES, FL ~~34109~~ US

3054 TERRAMAR DR 3054 TERRAMAR DR



03202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0548180

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KRAUS, THOMAS  
~~8154 LOWBANK DRIVE~~  
NAPLES, FL ~~34109~~

3054 TERRAMAR DR  
34119

**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 THOMAS KRAUS  
Signature, typed or printed name of registered agent and title if applicable.

Thomas Kraus  
(NOTE: Registered Agent signature required when reinstating)

3/31/2006  
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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRAUS, THOMAS
STREET ADDRESS	8154 LOWBANK DR.
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	KRAUS, JASON
STREET ADDRESS	2651 DACEY AVENUE
CITY-ST-ZIP	CINCINNATI, OH 45209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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: Thomas Kraus  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2006 (259) 877-1870

Date Daytime Phone #