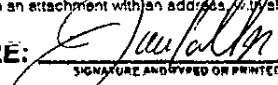


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000003675		
1. Entity Name J. COLLINS CORPORATION		
Principal Place of Business C/O JACK COLLINS, SR. 5400 BRADENTON RD. SARASOTA, FL 34234		Mailing Address C/O JACK COLLINS, SR. 5400 BRADENTON RD. SARASOTA, FL 34234
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301		04282008 No Cng-P CRZE034 (11/05)
		4. FEI Number: 65-0687667
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.		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, JACK G SR. 5400 BRADENTON RD. SARASOTA, FL 34234	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, JACK G JR. 5400 BRADENTON RD. SARASOTA, FL 34234	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, CHRIS 5400 BRADENTON RD. SARASOTA, FL 34234	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. 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 for all other like empowerment.		
SIGNATURE:  JACK COLLINS JR		Date: 4-27-08 Daytime Phone: 9413502786