


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90086 012 ***150.00

DOCUMENT # P95000022332 1. Entity Name COLL-SEIN PROPERTIES, INC.					
Principal Place of Business 2196 MAIN ST SUITE C DUNEDIN, FL 34698 US			Mailing Address PO BOX 270 OLDSMAR, FL 34677-0270		
2. Principal Place of Business Suite, Apt. #, etc. P.O. BOX 270		3. Mailing Address Suite, Apt. #, etc. 			
City & State Oldsmar, FL		City & State 			
Zip 34677		Country U.S.A.		4. FEI Number 59-3375968	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COLL, MARTA SEIN 5042 CROSS POINTE DR. OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name MARTA S. COLL Street Address (P.O. Box Number is Not Acceptable) 10 Ivy Terrace City Oldsmar FL Zip Code 34677		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLL, DANIEL JR. 5042 CROSS POINTE DRIVE OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 Ivy Terrace Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLL, MARTA S 5042 CROSS POINTE DRIVE OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 Ivy Terrace Oldsmar, FL 34677
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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 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: <u>Marta S. Coll, Vice-President</u> 2/14/06 (727)772-8555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
MARTA S. COLL					