

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000022332

FILED
Jul 03, 2009
Secretary of State**Entity Name:** COLL-SEIN PROPERTIES, INC.**Current Principal Place of Business:**30353 US HWY 19 N
SUITE I
CLEARWATER, FL 33761 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 270
OLDSMAR, FL 346770270**New Mailing Address:****FEI Number:** 59-3375968**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COLL, MARTA SEIN
10 IVY TERR
OLDSMAR, FL 34677 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: COLL, DANIEL JR.
Address: 10 IVY TERR
City-St-Zip: OLDSMAR, FL 34677**Title:** VP (X) Delete
Name: COLL, MARTA I
Address: 10 IVY TERR
City-St-Zip: OLDSMAR, FL 34677**Title:** ST () Delete
Name: COLL, MARTA S
Address: 10 IVY TERR
City-St-Zip: OLDSMAR, FL 34677**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA SEIN COLL

ST

07/03/2009

Electronic Signature of Signing Officer or Director_____
Date