

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90044 011 ***158.75

DOCUMENT # P96000103404

1. Entity Name

COLLOCATION, INC.



Principal Place of Business

5970 SW 18TH STREET
SUITE E-1, PMB235
BOCA RATON FL 33433

Mailing Address

5970 SW 18TH STREET
SUITE E-1, PMB235
BOCA RATON FL 33433

30010430



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0717458

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEGENS, JEFFREY
1850 FOREST HILL BLVD. #202
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

JEFFREY BEGENS, FSC

Street Address (P.O. Box Number is Not Acceptable)

3315 BROADWAY AVE

City

WEST PALM BEACH

FL

Zip Code

33407

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/05

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 D ☐ Delete
NAME GELLER, STEPHANIE
STREET ADDRESS 5970 SW 18TH STREET, SUITE E-1 PMB235
CITY-ST-ZIP BOCA RATON FL 33433

TITLE DP ☐ Delete
NAME ANGSTADT, CRAIG
STREET ADDRESS 5970 SW 18TH STREET, SUITE E1-PMB235
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ Delete
NAME ANGSTADT, RUTH L
STREET ADDRESS 33 EAST CAMINO REAL #623
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/05