

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000103488

1. Entity Name
COLLECT-US.COM, INC.



Principal Place of Business Mailing Address
559 SOUTH COUNTRY CLUB ROAD 559 SOUTH COUNTRY CLUB ROAD
LAKE MARY, FL 32746 LAKE MARY, FL 32746



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3435908 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ROSIER, JOSEPH A
559 SOUTH COUNTRY CLUB ROAD
LAKE MARY, FL 32746

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

000000825333
02/21/08-80045-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ROSIER, SARABECCA
STREET ADDRESS	559 S. COUNTRY CLUB ROAD
CITY-ST-ZIP	LAKE MARY, FL
TITLE	VPT
NAME	ROSIER, JOSEPH A.
STREET ADDRESS	559 S. COUNTRY CLUB ROAD
CITY-ST-ZIP	LAKE MARY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/08 407-328-7669