2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004
Secretary of State

DOCUMENT# P97000039673

Entity Name: COLL-SEIN ENTERPRISES, INC.

Current Principal Place of Business:

5042 CROSS POINTE DRIVE
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 270
OLDSMAR, FL 346770270

New Mailing Address:

FEI Number: 59-3447473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLL, MARTA SEIN
5042 CROSS POINTE DR.
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: COLL, DANIEL JR.
Address: 5042 CROSS POINTE DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: P ( ) Delete
Name: COLL, MARTA S
Address: 5042 CROSS POINTE DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: VP ( ) Delete
Name: COLL-SEIN, MARTA I
Address: 17661 NW 88TH AVE.
City-St-Zip: MIAMI, FL 33018

Title: S ( ) Delete
Name: FRANCISCO, D.COLLOSEIN
Address: 5042 CROSS POINTE DR.
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: VP (X) Change ( ) Addition
Name: COLL, MARTA I
Address: 5042 CROSS POINTE DR.
City-St-Zip: OLDSMAR, FL 34677

Title: S (X) Change ( ) Addition
Name: COLL, FRANCISCO D
Address: 5042 CROSS POINTE DR.
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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 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 S. COLL P 03/17/2004

Electronic Signature of Signing Officer or Director Date