2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # P97000055060 1. Endo Name WAYNE D. COLLIER BUILDER, INC. Principal Pace of Business 465 OCEAN GROVE CIRCLE		ANNUAL REPORT						Secretary or State				
WAYNE D. COLLIER BUILDER, INC. Principal Place of Business	DOCUMENT # P97000055060							05-02-2007	90084 001	***150.	00	
Principal Paces of Business 465 OCEAN GROVE CIRCLE 5T ARGUSTINE, FL 32080 2. Principal Paces or Business Mailing Address 1. Ley do. Show It levels Solits Apr. F. etc. 2. Principal Paces or Business P.P. Do. ** 1. Ley do. Show It levels Solits Apr. F. etc. 3. Sults Apr. F. etc. 4. FEI Number 5. Sults Desired 5. Country 5. Sults Desired 5. Sults Address (P.O. Box Number is Not Acceptable) 5. Sults Address (P.O. Box Number is Not Acceptable) 5. Sults Address (P.O. Box Number is Not Acceptable) 6. The above named entity submits this statement for the purpose of changing its registered deflice or registered agent. or both, in the State of Florids. I am lamitar with, and accept me obligations of registered agent. 6. The above named entity submits this statement for the purpose of changing its registered deflice or registered agent. or both, in the State of Florids. I am lamitar with, and accept me obligations of registered agent. 6. The Address (P.O. Box Number is Not Acceptable) 5. Sults Address (P.O. Box Number is Not Acceptable) 6. The Address (P.O. Box Number is Not Acceptable) 6. The Address (P.O. Box Number is Not Acceptable) 7. Nume and Address (P.O. Box Number is Not Acceptable) 6. The Address (P.O. Box Number is Not Acceptable) 7. Nume and Address (P.O. Box Number is Not Acceptable) 7. Nume and Address (P.O. Box Number is Not Acceptable) 8. Pleas in Com. F. P. Sults (P.O. B	1. Entity Name											
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2. Principal Pece of Bysiness _No P.O. Box # 1.11 Legal BlvD Suite, Apt. #, etc. 0.3242007 ChgP CR2E034 (12/06) City & Suite Apt. #, etc. 0.3242007 ChgP CR2E034 (12/06) City & Suite Apt. #, etc. 0.3242007 ChgP CR2E034 (12/06) City & Suite Apt. #, etc. 0.3242007 ChgP CR2E034 (12/06) City & Suite Apt. #, etc. 0.3242007 ChgP CR2E034 (12/06) Country Sind Applied For Shall Applied For Sha							40100	1400				
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Society Soci				Suite, Apt. #, etc.			03242007	Chg-P	CR2E03	34 (12/06)		
Signature Security	City & State			City & State			4. FEI Numbe	· · · ·		Ar	plied For	
6: Name and Address of Current Registered Agent COLLIER, WAYNE D 465 OCEAN GROVE CIRCLE ST AUGUSTINE, FL 32080 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Signature, types or printer name of inguiseed agent and site if applications of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are site if applications. I am familiar with and accept the obligations of registered agent. On the State of Florida. I am familiar with, and accept the obligations of registered agent. On the State of Florida. I am familiar with, and accept the obligations of registered agent are site if applications. I applications of registered agent are site if agelcates. NOTE: Registered Agent separate required when remaining: DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. IIILE DPST COLLIER, WAYNE D Delete TITLE MAKE SIREET ADDRESS CITY-S1-2P TI							59-3456	286			- ' '	
COLLIER, WAYNE D 465 OCEAN GROVE CIRCLE ST AUGUSTINE, FL 32080 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signater, typed or private nerve of registered agent and title of agenciates. SIGNATURE FILE NOWITE FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE MAKE SIREET ADDRESS CITY 51-2P TILE SIREET ADDRESS CITY 51-2P	3 5 \ 3	Country	3	วัง วังงา			5. Certificate of	of Status Desired				
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 ornted reare of registered signs and site if apolicates (NOTE Registered Agent signature required when renatating) DATE FILE NOWII: FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHAINGES TO OFFICERS AND DIRECTORS IN 11. ITILE DPST	· · · · · · · · · · · · · · · · · · ·											
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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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: ____ ^_

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4/27/07

904-669-3693

☐ Change

☐ Addition