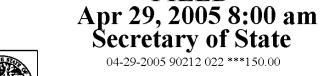
2005 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED

DOCUMENT # P97000094850 COLLIER INVESTMENTS, INC. Mailing Address Principal Place of Business 3003 TAMIAMI TRAIL N 3003 TAMIAMI TR N #400 NAPLES, FL 34103 US SUITE 400 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 Chq-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3481737 Not Applicable Country \$8.75 Additional Fee Required 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'CONNOR, JOHN D Street Address (P.O. Box Number is Not Acceptable) 3003 TAMIAMI TR N SUITE 400 NAPLES, FL 34103 City Zip Code FL 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE DC ☐ Delete TITLE ☐ Change Addition COLLIER, MILES C NAME NAME 3003 TAMIAMI TRAIL N, STE 400 STREET ADDRESS STREET ADDRESS NAPLES, FL 34103 CITY-ST-7IP CITY+ST-7IP DIRECTOR CHAIRMAN TITLE ☐ Delete TITLE Change ☐ Addition COLLIER, BARRON G II NAME NAME STREET ADDRESS 3003 TAMIAMI TRAIL N. STE 400 STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP NAPLES, FL 34103 TITLE PΩ ☐ Delete TITLE ☐ Change ☐ Addition FLOOD, THOMAS J NAME NAME STREET ADDRESS 3003 TAMIAMI TRAIL N, STE 400 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES, FL 34103 ☐ Delete TATLE ☐ Change ☐ Addition TITLE O'CONNOR, JOHN D NAME NAME STREET ADDRESS 3003 TAMIAMI TRAIL N., #400 STREET ADDRESS NAPLES, FL 34103 CITY-ST-ZIP CITY-ST-ZIP TITI F Delete ☐ Change ☐ Addition MAHAN, RONALD M NAME NAME STREET ADDRESS 3003 TAMIAMI TRAIL N. #400 STREET ADDRESS NAPLES, FL 34103 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 regeiver 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 attactyment with an address, with all other like empowered.

SIGNATURE:

J AM VIEL TONA D. O. CONHON
SIGNATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER ON DIRECTOR