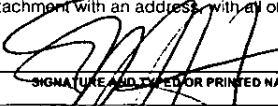


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90097 003 ***150.00

DOCUMENT # P97000104992 1. Entity Name COLLIER ENTERPRISES, INC.					
Principal Place of Business 3003 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103			Mailing Address 3003 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01152007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3504576				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent Taft, Eleanor W 3003 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103	
7. Name and Address of New Registered Agent Name 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 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCD COLLIER, BARRON G II 3003 TAMiami TRAIL NORTH, # 400 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READ, ISABEL C 3003 TAMiami TRAIL N STE 400 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOOD, THOMAS J 3003 TAMiami TRL N NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CORINA, ROBERT D 3003 TAMiami TRAIL N., SUITE 400 NAPLES, FL 34103	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Corina, Robert D 3003 Tamiami Trail N., Ste. 400 Naples, FL 34103 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCD COLLIER, MILES C 3003 TAMiami TRL N STE 400 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Taft, Eleanor W 3003 Tamiami Trail N., Ste. 400 Naples, FL 34103 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 		Eleanor W. Taft		2/1/07 (239) 261-4455	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					