

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108418

FILED
Apr 24, 2007
Secretary of State

Entity Name: COLLIER CAPITAL CORPORATION

Current Principal Place of Business:

220 N. MAIN ST.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13116
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-3487482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER, NATHAN S
220 NORTH MAIN STREET
GAINESVILLE, FL 32601 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: DP () Delete
Name: MATERNA, DAVID A
Address: 220 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: DV () Delete
Name: COLLIER, NATHAN S
Address: 220 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: DTS (X) Delete
Name: WEBER, MARY-EVAN
Address: 220 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOGSHEAD, J ANDREW
Address: 220 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: DTS (X) Change () Addition
Name: WEBER, MARY-EVAN
Address: 220 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: J. ANDREW HOGSHEAD

DP

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date