

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90019 010 \*\*\*150.00

**DOCUMENT # P98000005275**

1. Entity Name  
**COLLIER CRAFTSMEN, INC.**



Principal Place of Business

**455 1ST AVE NORTH  
NAPLES, FL 34102**

Mailing Address

**PO BOX 110940  
NAPLES, FL 34108**

**3402011**



**DO NOT WRITE IN THIS SPACE**

02282004 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-3487968**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROSS, DONALD K JR  
~~2640 GOLDEN GATE PARKWAY, STE. 206~~ 599 NINTH ST,  
NAPLES, FL 34105 NORTH  
SUITE 300  
NAPLES, FL 34102**

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IN THIS SPACE**

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, 2004 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  
**D  
TIBBLES, KENNETH  
455 1ST AVE NORTH  
NAPLES, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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IN THIS SPACE**

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 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:**

**Kenneth Tibbles KENNETH TIBBLES, PRESIDENT 3/1/04 269-3535**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #