2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 21, 2005 8:00 am **Secretary of State** DOCUMENT # P9800005275 1. Entity Name 01-21-2005 90047 014 ***150.00 COLLIER CRAFTSMEN, INC. Principal Place of Business Mailing Address 455 1ST AVE NORTH PO BOX 110940 50004603 NAPLES, FL 34108 NAPLES, FL 34102-2. Principal Place of Business 3. Mailing Address 1341 DONATELIO COURT Suite, Apt. #, etc. 01162005 Cha-P CR2E034 (10/03) Applied For City & State 4. FFI Number 59-3487968 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ROSS, DONALD K JR Street Address (P.O. Box Number is Not Acceptable) 599 NINTH ST NORTH **SUITE 300** NAPLES, FL 34102 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE TIBBLES, KENNETH NAME NAME 1341 DONATELLO COURT NAPLES FLORIDA 34114 STREET ADDRESS STREET ADDRESS 455 46T-AVE NORTH-CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY - ST - ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7tP CITY-ST-ZIP

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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

Kennett tilles Director 1/16/05 239.269-3535