

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90203 040 ***550.00

DOCUMENT # P98000097727

1. Entity Name
COLLEENIE, INC.



Principal Place of Business
3112 CLEVELAND AVENUE
FORT MYERS, FL 33901

Mailing Address
1325-C DEL PRADO BLVD.
CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0876548

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CARY, DAVID W
1325-C DEL PRADO BLVD.
CAPE CORAL, FL 33990

**DO NOT WRITE
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 D
NAME CARY, DAVID W
STREET ADDRESS 1325-C DEL PRADO BLVD. S.
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE PDST
NAME LLEWELLYN, JAMES
STREET ADDRESS 1325 C DEL PRADO BLVD.
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04

239 8234475