

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT #P98000097727

1. Entity Name
COLLEENIE, INC.



Principal Place of Business
4045 FOWLER STREET
FORT MYERS, FL 33907

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



09062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARY, DAVID W
1325-C DEL PRADO BLVD. S.
CAPE CORAL, FL 33990

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000773633
09/11/07-80003-003 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Llewellyn

Date

Daytime Phone

9.7.7-239823-4475