2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# P99000057166

Entity Name: NORTH COLLIER COLLISON, INC.

Current Principal Place of Business:

16201 OLD US 41
BONITA SPRINGS, FL 34135

New Principal Place of Business:

16210 OLD US 41
BONITA SPRINGS, FL 34135

Current Mailing Address:

16201 OLD US 41
BONITA SPRINGS, FL 34135

New Mailing Address:

16210 OLD US 41
BONITA SPRINGS, FL 34135

FEI Number: 59-3584319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTER, DAVID C
16201 OLD US 41
BONITA SPRINGS, FL 341331148 US

Name and Address of New Registered Agent:

WALTER, DAVID C
16210 OLD US 41
BONITA SPRINGS, FL 341351148 US

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: _____ 01/04/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WALTER, DAVID C
Address: 16201 OLD US 41
City-St-Zip: BONITA SPRINGS, FL 341331148

Title: D ( ) Delete
Name: MCKEE, MICHAEL
Address: 18TH AVE NW
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WALTER, DAVID C
Address: 16210 OLD US 41
City-St-Zip: BONITA SPRINGS, FL 341351148

Title: D (X) Change ( ) Addition
Name: MCKEE, MICHAEL
Address: 5831 GOLDEN OAKS LANE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE MCKEE D 01/04/2005
Electronic Signature of Signing Officer or Director — Date