

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90032 014 \*\*\*158.75

<b>DOCUMENT # S12912</b> 1. Entity Name <b>COLLIER LEE INVESTMENTS, INC.</b>			
Principal Place of Business <b>3720 COUNTRY CLUB BLVD. CAPE CORAL, FL 33904 US</b>		Mailing Address <b>3720 COUNTRY CLUB BLVD. CAPE CORAL, FL 33904 US</b>	
2. Principal Place of Business - No P.O. Box # <b>3911 S.W. 25<sup>th</sup> Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3911 S.W. 25<sup>th</sup> Ct.</b> Suite, Apt. #, etc.	
City & State <b>CAPE CORAL FL.</b>		City & State <b>CAPE CORAL FL.</b>	
Zip <b>33914</b>		Zip <b>33914</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>31-1312375</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRANK SMITH W 3720 COUNTRY CLUB BLVD. CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name <b>JEFF SMITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>3911 S.W. 25<sup>th</sup> Ct.</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33914</b>	
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 <b>JEFF SMITH PD / VP</b> <span style="float: right;"><b>2-10-07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK, SMITH W 3720 COUNTRY CLUB BLVD. CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFF SMITH 3911 SW 25 <sup>th</sup> Ct. CAPE CORAL FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, JEFF 3911 SW 25 CT. CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>JEFF SMITH PD / VP</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2-10-07</b>	Daytime Phone # <b>239 768-0333</b>