


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90006 023 \*\*\*150.00

<b>DOCUMENT # S43503</b>	
1. Entity Name COLLARD FINANCIAL SERVICES, INC.	

Principal Place of Business 1561 OAK TREE CT. SUITE 100 APOPKA, FL 32712	Mailing Address PO BOX 917585 LONGWOOD, FL 32791
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2. Principal Place of Business - No P.O. Box # <b>132 Canal St</b>	3. Mailing Address <b>PO Box 742</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>New Smyrna Beach, FL</b>	City & State <b>New Smyrna Beach, FL</b>
Zip <b>32168</b>	Country <b>USA</b>
Zip <b>32170</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent COLLARD III, WILLIAM R 1561 OAK TREE CT, SUITE 100 APOPKA, FL 32712	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>132 Canal St</b> City <b>New Smyrna Beach FL</b> Zip Code <b>32168</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 *W R Collard* DATE 2-15-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLARD, WILLIAM R III 1561 OAK TREE CT., STE 100 APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Collard, William R</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 742</b> <b>New Smyrna Beach, FL 32170-0742</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLARD, WILLIAM B PO BOX 917585 LONGWOOD, FL 327917585 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Collard, William B</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 742</b> <b>New Smyrna Beach, FL 32170-0742</b>
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
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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: *W R Collard* DATE: 02-15-07 DAYTIME PHONE: 386-427-4228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR