2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# S43503

Entity Name: COLLARD FINANCIAL SERVICES, INC.

Current Principal Place of Business:

132 CANAL ST
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

PO BOX 742
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-3062059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLARD III, WLLIAM R
132 CANAL ST
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLLARD, WILLIAM R III
Address: PO BOX 742
City-St-Zip: NEW SMYRNA BEACH, FL 321700742

Title: VP ( ) Delete
Name: COLLARD, WILLIAM B
Address: PO BOX 742
City-St-Zip: NEW SMYRNA BEACH, FL 321700782

Title: VP ( ) Delete
Name: COLLAND, COURTNEY E
Address: PO BOX 742
City-St-Zip: NEW SMYRNA BEACH, FL 321700792

Title: VP ( ) Delete
Name: COLLAND, SARAH
Address: PO BOX 742
City-St-Zip: NEW SMYRNA BEACH, FL 321700742

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: COLLAND, SARA
Address: PO BOX 742
City-St-Zip: NEW SMYRNA BEACH, FL 321700742

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM R COLLARD D 05/01/2009

Electronic Signature of Signing Officer or Director Date