## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

CITY-ST-7IP

changed, or on a SIGNATURE:

## Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # S52975 1. Entity Name COLLINS DEVELOPMENT COMPANY Mailing Address Principal Place of Business 11380 PROSPERITY FARMS RD 11380 PROSPERITY FARMS RD STF 209 A STE 209 A PALM BEACH GARDENS, FL 33410 PALM BCH GARDENS, FL 33410 US 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0261543 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLLINS, JEFFREY J. DO NOT WRITE 11380 PROSPERITY FARMS RD STF 209 A IN THIS SPACE PALM BEACH GARDENS, FL 33410 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE COLLINS, JEFFREY J. NAME 11380 PROSPERITY FARMS RD., STE 209A STREET ADDRESS CITY-ST-ZIP PALM BCH GARDENS, FL TITLE NAME United Bills (Control of the Control STREET ADDRESS 04/18/05-80059-021 150.00 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TIT! F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied ental report is true and accurage 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 of the receiver of 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

**FILED**