

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 145314

FILED  
Apr 13, 2012  
Secretary of State

Entity Name: J.W. CONNER & SONS, INC.

**Current Principal Place of Business:**

12341 COUNTY ROAD 579  
THONOTOSASSA, FL 33592 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2522  
TAMPA, FL 33601 US

**New Mailing Address:**

FEI Number: 59-0554002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONNER, DOUGLAS B CSTD  
12341 COUNTY ROAD 579  
THONOTOSASSA, FL 33592 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

**OFFICERS AND DIRECTORS:**

Title: CSTD  
Name: CONNER, DOUGLAS B  
Address: 12341 COUNTY ROAD 579  
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: PD  
Name: CONNER, DONALD L  
Address: 12341 COUNTY ROAD 579  
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: VD  
Name: CONNER, JACK R SR  
Address: 12341 COUNTY ROAD 579  
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: ASS  
Name: TURRELL, PATRICIA C ASS  
Address: 12341 COUNTY ROAD 579  
City-St-Zip: THONOTOSASSA, FL 33592 US

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS B. CONNER

CSTD

04/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date