

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # F99000003965

1. Entity Name

CONNECTING TECHNOLOGY, INC.



**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 90745 013 \*\*\*158.75

Principal Place of Business

782 MONROE RD  
SANFORD FL 32771

Mailing Address

PO BOX 471262  
LAKE MONROE FL 32747-1262

2. Principal Place of Business

1896 W. BERESFORD RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND, FLORIDA

City & State

DELAND, FLORIDA

Zip

32720

Country  
VOLUSIA

Zip

32720

Country

VOLUSIA

4. FEI Number

59-3585306

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERRARA, ROBIN L  
608 N. STONE ST.  
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P President  
NAME FERRARA, ROBIN L  
STREET ADDRESS 608 N. STONE ST.  
CITY-ST-ZIP DELAND FL 32720

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

Karen Knebel Director of Operations  
1896 W. BERESFORD RD  
DELAND, FL 32720

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing 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 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: *Robin L. Ferrara* ROBIN L. FERRARA

4-8-04 (386)-873-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #