

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90291 007 ***150.00

DOCUMENT # G93624

1. Entity Name

CONNELL FURNITURE OF BELLE GLADE, INC.



Principal Place of Business

C/O KENT C. CONNELL
225 S.W. AVE. B
BELLE GLADE FL 33430

Mailing Address

C/O KENT C. CONNELL
225 S.W. AVE. B
BELLE GLADE FL 33430



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2395802

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNELL, RODNEY H.
225 S.W. AVE. B
BELLE GLADE FL 33430

Name

KENT C Connell

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

225 SW AVE B

City

Belle Glade

FL

Zip Code

33430

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, 2006 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 V ☐ Delete
NAME CONNELL, NORA L
STREET ADDRESS 1709 SE AVE. K PL
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CONNELL, RODNEY H
STREET ADDRESS 1755 SE AVE. S
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CONNELL, NORA C
STREET ADDRESS 1709 SE AVE K PL.
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PS ☐ Delete
NAME CONNELL, KENT C
STREET ADDRESS 1709 SE AVE K
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-06 (561) 985-6340