

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K04327

1. Entity Name
CORPORATE CONNECTION, INC.



Principal Place of Business
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE, FL 32301-1283

Mailing Address
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE, FL 32301-1283

FILED

07 JAN 30 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION INC.
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

300088728293
02/19/07--01039--025 **750.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEELEY, BARBARA
STREET ADDRESS 417 E. VIRGINIA ST., #1
CITY-ST-ZIP TALLAHASSEE, FL

TITLE VP
NAME NEELEY, SETH
STREET ADDRESS 417 E VIRGINIA ST., #1
CITY-ST-ZIP TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/07 8502248870