

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69796

FILED  
Sep 07, 2009  
Secretary of State

**Entity Name:** CONNORS REMODELING AND HOME REPAIR, INC.

**Current Principal Place of Business:**

THOMAS CONNORS  
280 BEVERLY RD  
VENICE, FL 34293 US

**New Principal Place of Business:**

280 BEVERLY RD  
VENICE, FL 34293 US

**Current Mailing Address:**

THOMAS CONNORS  
280 BEVERLY RD  
VENICE, FL 34293 US

**New Mailing Address:**

280 BEVERLY RD  
VENICE, FL 34293 US

**FEI Number:** 65-0103020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNORS, SUSAN  
280 BEVERLY RD  
VENICE, FL 34293 US

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

CONNORS, THOMAS J P  
280 BEVERLY RD  
VENICE, FL 34293 US

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: THOMAS CONNORS

09/07/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CONNORS, THOMAS  
Address: 280 BEVERLY RD  
City-St-Zip: VENICE, FL

Title: VST ( ) Delete  
Name: CONNORS, SUSAN  
Address: 280 BEVERLY RD  
City-St-Zip: VENICE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CONNORS, THOMAS J P  
Address: 280 BEVERLY RD  
City-St-Zip: VENICE, FL 34293 US

Title: VP (X) Change ( ) Addition  
Name: CONNORS, SUSAN A V  
Address: 280 BEVERLY RD  
City-St-Zip: VENICE, FL 34293 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS CONNORS

P

09/07/2009

Electronic Signature of Signing Officer or Director

Date