


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90029 014 \*\*\*150.00

<b>DOCUMENT # K78796</b>		
1. Entity Name CONNIE JEAN, INC.		

Principal Place of Business 2021 ART MUSEUM DRIVE SUITE 210 JACKSONVILLE, FL 32207 US	Mailing Address 2021 ART MUSEUM DRIVE SUITE 210 JACKSONVILLE, FL 32207 US
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2. Principal Place of Business 115 Solana Road Suite, Apt. #, etc. Suite D City & State Ponte Vedra Beach, FL Zip 32082 Country USA	3. Mailing Address 115 Solana Road Suite, Apt. #, etc. Suite D City & State Ponte Vedra Beach, FL Zip 32082 Country USA
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04042006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent ANTONOPOULOS, MICHAEL 2021 ART MUSEUM DR STE 210 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Antonopoulos, Michael Street Address (P.O. Box Number is Not Acceptable) 115 Solana Road Suite D City Ponte Vedra Beach FL Zip Code 32082	
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4. FEI Number 59-2940966	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ANTONOPOULOS, MICHAEL 2021 ART MUSEUM DR STE210 JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Antonopoulos, Michael 115 Solana Road, Ste D Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Antonopoulos 04/05/06 396-5583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #