

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L07795

1. Entity Name
DAVID J. MCCONNELL, III AND ASSOCIATES, INC.



Principal Place of Business
% DAVID J MCCONNELL III
5857 ROWAN ROAD
NEW PORT RICHEY, FL 34653

Mailing Address
% DAVID J MCCONNELL III
PO BOX 763
ODESSA, FL 33556



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2961979

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCCONNELL, DAVID J III
5857 ROWAN ROAD
NEW PORT RICHEY, FL 34653

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
MCCONNELL, DAVID J III
5857 ROWAN ROAD
NEW PORT RICHEY, FL 34653

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000684579
04/06/07-80038-012-150.00

**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 #

3/28/07 727-4390