

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90061 025 \*\*\*158.75

**DOCUMENT # L30049**

1. Entity Name

A. R. CONNER & SON, INC.



Principal Place of Business

P.O. BOX 562  
EAGLE LAKE FL 33839

Mailing Address

P.O. BOX 562  
EAGLE LAKE FL 33839



2. Principal Place of Business - No P.O. Box #

153 Bahia CT.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Winter Haven FL

Zip

33880

Country

Polk

City & State

Zip

Country

4. FEI Number

59-2981226

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONNER, A.R.  
153 BAHIA CT  
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**  
**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

TITLE P  
NAME CONNER, A.R.  
STREET ADDRESS 153 BAHIA CT.  
CITY- ST- ZIP WINTER HAVEN FL ☐ Delete

TITLE ST  
NAME CONNER, MARY P.  
STREET ADDRESS 153 BAHIA CT.  
CITY- ST- ZIP WINTER HAVEN FL ☐ Delete

TITLE V  
NAME CONNER, KEVIN G.  
STREET ADDRESS 1080 FOXHUNT DR  
CITY- ST- ZIP WINTER HAVEN FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME  
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CITY- ST- ZIP ☐ Change ☐ Addition

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

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 like empowered.

SIGNATURE: Mary P. Conner Mary P. Conner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07

Date

(863) 293-5110

Daytime Phone #