

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90070 037 ***150.00

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DOCUMENT # L90281 1. Entity Name THE RAY CONNELL CORPORATION			
Principal Place of Business 10809 DEARDEN CIR ORLANDO, FL 32817 US		Mailing Address 10809 DEARDEN CIR ORLANDO, FL 32817 US	
2. Principal Place of Business 1856 CADENCE CT. Suite, Apt. #, etc.		3. Mailing Address 1856 CADENCE CT. Suite, Apt. #, etc.	
City & State CHULUOTA, FL Zip 32766		City & State CHULUOTA, FL Zip 32766	
4. FEI Number 59-3021469		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNELL, MANNIE R., II 10809 DEARDEN CIR ORLANDO, FL 32817		7. Name and Address of New Registered Agent Name CONNELL MANNIE R Street Address (P.O. Box Number is Not Acceptable) 1856 CADENCE CT. City CHULUOTA FL Zip Code 32766	
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 <u>Mannie Connell</u> MANNIE CONNELL - PRESIDENT <u>3/24/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONNELL, MANNIE R., II 10809 DEARDEN CIR ORLANDO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1856 CADENCE CT. CHULUOTA, FL 32766
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mannie Connell **MANNIE CONNELL** 3/24/05 407-402-3199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #