2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2011
Secretary of State

DOCUMENT# N10000000787

Entity Name: CONNIECAPS, INC.

Current Principal Place of Business:

6867 TAMRA LN
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6867 TAMRA LN
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 27-1767720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLAKELY, THOMAS
6867 TAMRA LN
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: BLAKELY, LINDA
Address: 6867 TAMRA LN
City-St-Zip: JACKSONVILLE, FL 32216

Title: T
Name: CARRIERE, MELANIE
Address: 8641 EMERALD ISLE CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32216

Title: S
Name: LEE, STEPHANIE
Address: 3655 BRIDGEWOOD DR
City-St-Zip: JACKSONVILLE, FL 32277

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA M BLAKELY P 01/22/2011
Electronic Signature of Signing Officer or Director Date