

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90024 026 ***150.00

DOCUMENT # P00000048771					
1. Entity Name CONNELL & HERRIG ENTERPRISES, INC.					
Principal Place of Business 7150 RUSTIC ACRES SARASOTA, FL 34241			Mailing Address 7150 RUSTIC ACRES SARASOTA, FL 34241		
2. Principal Place of Business 6500 Salamander Dr Suite, Apt. #, etc.		3. Mailing Address 6500 Salamander Dr Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 65-1011291	
Zip 34241		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRIG, STEVEN F 7150 RUSTIC ACRES SARASOTA, FL 34241			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6500 Salamander Dr City Sarasota FL 34241		
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: DATE: 1/20/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME HERRIG, STEVEN F STREET ADDRESS 7150 RUSTIC ACRES CITY-ST-ZIP SARASOTA, FL 34241			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 6500 Salamander Dr STREET ADDRESS Sarasota FL 34241 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME CONNELL, WILLIAM STREET ADDRESS 4001 SWIET CITY-ST-ZIP SARASOTA, FL 34231			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 861 Faulkwood CT STREET ADDRESS Sarasota FL 34232 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		