## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000059106

tity Name: CONEXCO COMMUNICATIONS INC

FILED Apr 20, 2004 Secretary of State

Entity Name: CONEXCO COMMUNICATIONS, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
5030-78TH	IAVENUE					
UNIT 11						
PINELLAS	PARK, FL 33	3781				
Current Mailing Address:				New Mailing Address:		
100 SECOND AVENUE SOUTH SUITE 1201			P.O. BOX	1300		
	SBURG, FL			RSBURG, FL 33731		
FEI Number:	59-3661108	FEI Number Applied For()	FEI Number Not App	olicable ( ) Certificate	of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	d Address of New Regis	tered Agent:	
LECOMPT	E, MORRIS A		LECOMP'	TE, MORRIS A		
100 SECOND AVENUE SOUTH SUITE 1201			800 SEC0	800 SECOND AVE S		
ST PETERSBURG, FL 33701				# 380 ST PETERSBURG, FL 33701		
			SIFLIL	(ODONO, 1 L 33701		
	named entity of Florida.	submits this statement for the p	ourpose of changing	its registered office or reg	gistered agent, or both,	
SIGNATURE:				04/20/2004		
0.0.0.		nic Signature of Registered Age	ent		ate	
Election Can		g Trust Fund Contribution ( ).		٥		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	DPT ()	() Delete	Title:	( ) Change ( )	Addition	
Name:	ABRAHAMS, R		Name:	( ) Shange ( )	radition	
Address:	1934 COVE LA		Address:			
City-St-Zip:	CLEARWATER	R, FL 33764	City-St-Zip:			
Title:	DVP (	) Delete	Title:	( ) Change()	Addition	
Name:	ABRAHAMS, T	•	Name:	( ) Shange ( )	, idailion	
Address:	1934 COVE LA		Address:			
City-St-Zip:	CLEARWATER		City-St-Zip:			
Title	DMCB (	) Delete	Title	( ) Change ( )	A dditi an	
Title:	DMGR ( ROBBINS, MIC	) Delete	Title: Name:	( ) Change ( )	Addition	
Name: Address:	36631 SPRING		Address:			
City-St-Zip:		ARK, FL 34731	City-St-Zip:			
<b>T</b>	5 /	\ B. I. I	T:0	( ) 21 ( )	A 1 122	
Title:	,	) Delete	Title:	() Change ()	Addition	
Name:	GIPE, ROBER		Name: Address:			
Address:		OCKS ROAD SOUTH				
City-St-Zip:	LARGO, FL 3	,,,,	City-St-Zip:			
Title:		) Delete	Title:	DST (X) Change (	Addition	
Name:	LESTER, JUD		Name:	LESTER, JUDY A		
Address:	613 CEDARW	OOD STREET NORTH	Address:	613 CEDARWOOD STREE	Γ NORTH	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip: SAINT PETERSBURG, FL 33703

SIGNATURE: JUDY A LESTER DST 04/20/2004

City-St-Zip: SAINT PETERSBURG, FL 33703