

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059106

FILED
Apr 15, 2007
Secretary of State

Entity Name: CONEXCO COMMUNICATIONS, INC.

Current Principal Place of Business:

7600 BRYAN DAIRY RD
SUITE C
LARGO, FL 33777

New Principal Place of Business:

8324 PARKWOOD BLVD
LARGO, FL 33777

Current Mailing Address:

P.O. BOX 1300
ST PETERSBURG, FL 33731

New Mailing Address:

FEI Number: 59-3661108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECOMPTE, MORRIS A
800 SECOND AVE S
380
ST PETERSBURG, FL 33701 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPR () Delete
Name: ABRAHAMS, TY
Address: 81 S CANAL DR
City-St-Zip: PALM HARBOR, FL 34684

Title: DMGR () Delete
Name: ROBBINS, MICHAEL
Address: 7600 BRYAN DAIRY RD # C
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: GIPE, ROBERT
Address: 4597 CLEARWATER HARBOR DR S
City-St-Zip: LARGO, FL 33770

Title: DST () Delete
Name: LESTER, JUDY A
Address: 8324 PARKWOOD BLVD
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: JUDY A LESTER

DST

04/15/2007

Electronic Signature of Signing Officer or Director

_____ Date