

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90362 019 ***150.00

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1. Entity Name
CONNEXIONS, INC.



Principal Place of Business
**3600 ECOMMERCE PLACE
ORLANDO, FL 32808**

Mailing Address
**3600 ECOMMERCE PLACE
ORLANDO, FL 32808**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3684411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARSHALL, BYRD F JR
GRAY & ROBINSON, P.A.
301 EAST PINE STREET, STE 1400
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **LEFORT, ROBERT J JR**
STREET ADDRESS **3600 ECOMMERCE PLACE**
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE **PD** ☐ Delete
NAME **PANEPINTO, ROBERT**
STREET ADDRESS **3600 ECOMMERCE PLACE**
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE **STD** ☐ Delete
NAME **HOHNS, WILLIAM A**
STREET ADDRESS **3600 ECOMMERCE PLACE**
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Steve Kinsky**
STREET ADDRESS **3600 eCommerce Place**
CITY-ST-ZIP **Orlando, FL 32808**

TITLE **D** ☐ Change ☒ Addition
NAME **Michael Adjouz**
STREET ADDRESS **3600 eCommerce Place**
CITY-ST-ZIP **Orlando, FL 32808**

TITLE **D** ☐ Change ☒ Addition
NAME **Douglas Londa**
STREET ADDRESS **3600 eCommerce Place**
CITY-ST-ZIP **Orlando, FL 32808**

TITLE **D** ☐ Change ☒ Addition
NAME **Matt Ebbel**
STREET ADDRESS **3600 eCommerce Place**
CITY-ST-ZIP **Orlando, FL 32808**

TITLE **D** ☐ Change ☒ Addition
NAME **Adam Collins**
STREET ADDRESS **3600 eCommerce Place**
CITY-ST-ZIP **Orlando, FL 32808**

TITLE **D** ☐ Change ☒ Addition
NAME **Kenn Green**
STREET ADDRESS **3600 eCommerce Place**
CITY-ST-ZIP **Orlando, FL 32808**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

03-03-07

407.946.4411