

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90058 009 ***150.00

DOCUMENT # P01000086783			
1. Entity Name CONNELL PHLEBOTOMY INC.			
Principal Place of Business 800 LOMAX STREET, #108 JACKSONVILLE, FL 32204		Mailing Address 4634 YERKES STREET JACKSONVILLE, FL 32205	
2. Principal Place of Business		3. Mailing Address 4315 Falcon Run Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Middleburg, FL	
Zip	Country	Zip 32068	Country U.S.
4. FEI Number 59-3742795		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNELL, MISTY 4634 YERKES STREET JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name: Connell, Misty Street Address (P.O. Box Number is Not Acceptable): 4315 Falcon Run Lane City: Middleburg FL Zip Code: 32068	
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: <u>Misty Connell</u> <u>Misty Connell Vice President/Secretary</u> <u>2-2-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT NAME CONNELL, JOSEPH STREET ADDRESS 4634 YERKES STREET CITY-ST-ZIP JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete	TITLE PT NAME Connell, Joseph STREET ADDRESS 4315 Falcon Run Lane CITY-ST-ZIP Middleburg, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VS NAME CONNELL, MISTY STREET ADDRESS 4634 YERKES STREET CITY-ST-ZIP JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete	TITLE VS NAME Connell, Misty STREET ADDRESS 4315 Falcon Run Lane CITY-ST-ZIP Middleburg, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Misty Connell</u> <u>Misty Connell</u>		<u>2-2-04</u> <u>(904) 406-2270</u> <small>Date Daytime Phone #</small>	