

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P01000102918

1. Entity Name

THE CONNECTIVITY FIRM, INC.



FILED

**Feb 25, 2004 8:00 am
Secretary of State**

02-25-2004 90037 045 ***158.75

Principal Place of Business
906 JAMESTOWN DRIVE
ROCKLEDGE FL 32955

Mailing Address

906 JAMESTOWN DRIVE
ROCKLEDGE FL 32955

2. Principal Place of Business

3612 E. Tampa CIR.

3. Mailing Address

P.O. Box 320405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33629

Country

USA

Zip

33679

Country

USA

4. FEI Number

03-0394579

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALLIERE, PAUL I PRES.
906 JAMESTOWN DRIVE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

STEVE WALSH

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

3612 E. Tampa CIR.

City Tampa FL Zip Code 33629

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)

2/20/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME VALLIERE, PAUL
STREET ADDRESS 906 JAMESTOWN DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VD
NAME WALSH, STEVE
STREET ADDRESS 906 JAMESTOWN DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE SD
NAME MATICH, BILL
STREET ADDRESS 906 JAMESTOWN DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE TD
NAME PORACH, STEVE
STREET ADDRESS 906 JAMESTOWN DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 all other like empowered.

SIGNATURE:

STEVE WALSH

2/20/04

Date

Daytime Phone #