


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-25-2004 90037 045 ***158.75

DOCUMENT # P01000102918	
1. Entity Name THE CONNECTIVITY FIRM, INC.	

Principal Place of Business 906 JAMESTOWN DRIVE ROCKLEDGE FL 32955	Mailing Address 906 JAMESTOWN DRIVE ROCKLEDGE FL 32955
---	---

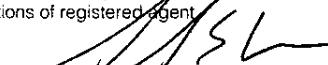
2. Principal Place of Business 3612 E. Tampa Cir.	3. Mailing Address P.O. Box 320405
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, FL	City & State Tampa, FL
Zip 33629	Zip 33679
Country USA	Country USA

4. FEI Number 03-0394579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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	
Name STEVE WALSH	Street Address (P.O. Box Number is Not Acceptable) 3612 E. Tampa Cir.
City Tampa	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 	DATE 2/20/04
<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 Make Check Payable to Florida Department of State	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 PD	NAME VALLIERE, PAUL	TITLE	NAME
STREET ADDRESS 906 JAMESTOWN DRIVE	CITY-ST-ZIP ROCKLEDGE FL 32955	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	NAME WALSH, STEVE	TITLE PRESIDENT	NAME STEVE WALSH
STREET ADDRESS 906 JAMESTOWN DRIVE	CITY-ST-ZIP ROCKLEDGE FL 32955	STREET ADDRESS 3612 E. Tampa Cir.	CITY-ST-ZIP Tampa, FL 33629
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	NAME MATICH, BILL	TITLE VICE PRESIDENT	NAME BILL MATICH
STREET ADDRESS 906 JAMESTOWN DRIVE	CITY-ST-ZIP ROCKLEDGE FL 32955	STREET ADDRESS 247 SARATOGA BLVD. EAST	CITY-ST-ZIP ROYAL PALM BEACH, FL 33411
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	NAME PORACH, STEVE	TITLE	NAME
STREET ADDRESS 906 JAMESTOWN DRIVE	CITY-ST-ZIP ROCKLEDGE FL 32955	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE SECRETARY	NAME RICK ANNOLLO
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 9001 SPENCE CT.	CITY-ST-ZIP GOTHA, FL 34734
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<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: 	DATE 2/20/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	