

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103595

1. Entity Name

YOUR CAPITAL CONNECTION, INC.



FILED

07 JAN 30 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

417 E VIRGINIA ST
SUITE 1
TALLAHASSEE, FL 32301

Mailing Address

417 E VIRGINIA ST
SUITE 1
TALLAHASSEE, FL 32301



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3751778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

600088728186
02/19/07--01039--025 **750.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME NEELEY, BARBARA
STREET ADDRESS 417 E VIRGINIA ST., STE. 1
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE VP
NAME NEELEY, SETH
STREET ADDRESS 417 E VIRGINIA ST., STE. 1
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #

1/30/07 (850) 224-8820