

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

2008 JAN 10 AM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000103595**

1. Entity Name  
YOUR CAPITAL CONNECTION, INC.



Principal Place of Business

417 E VIRGINIA ST  
SUITE 1  
TALLAHASSEE, FL 32301

Mailing Address

417 E VIRGINIA ST  
SUITE 1  
TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

*[Handwritten Signature]*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600115151076  
01/15/08--01018--003 \*\*150.00

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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 #