

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000018863

1. Entity Name
FLORIDA 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

FILED

07 MAR 15 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST SUITE
SUITE 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

600095885046

04/05/07-01029-029 **750.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEELEY, BARBARA
STREET ADDRESS	417 E VIRGINIA ST SUITE 1
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	VP
NAME	NEELEY, SETH
STREET ADDRESS	417 E VIRGINIA ST SUITE 1
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

K. Eckel MAR 15 2007

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:

Seth Neeley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07

Date

850-224-8870

Daytime Phone #