

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90005 001 ***155.00

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07132004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000004272 1. Entity Name CONNER CAPITAL INVESTMENTS, INC.					
Principal Place of Business 498 PALM SPRINGS DRIVE, SUITE 100 ALTAMONTE SPRINGS, FL 32701			Mailing Address 498 PALM SPRINGS DRIVE, SUITE 100 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business 505 Matilda Place Suite, Apt. #, etc.		3. Mailing Address 505 Matilda Place Suite, Apt. #, etc.			
City & State Longwood, FL Zip Country 32750 USA		City & State Longwood, FL Zip Country 32750 USA		4. FEI Number 04-3743264	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CONNER, CHRISTOPHER 498 PALM SPRINGS DRIVE, SUITE 100 ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name Conner, Christopher Street Address (P.O. Box Number is Not Acceptable) 505 Matilda Place City Longwood FL Zip Code 32750		
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 7/13/04 <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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, CHRISTOPHER C 498 PALM SPRINGS DRIVE, SUITE 100 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Conner, Christopher C 505 Matilda Pl. Longwood, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/13/04 (321) 303-7362 <small>Date Daytime Phone #</small>		