

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) -

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90028 022 \*\*\*163.75

<b>DOCUMENT # P03000010469</b>																																																																																																					
<b>1. Entity Name</b> CARL B. CONNELL, INC.																																																																																																					
<b>Principal Place of Business</b> 3384 SPRING CREEK HIGHWAY SPRING CREEK FL 32327 <i>3384 Springcreek Hwy</i>			<b>Mailing Address</b> 3384 SPRING CREEK HIGHWAY SPRING CREEK FL 32327																																																																																																		
<b>2. Principal Place of Business</b> <i>3384 Springcreek Hwy</i>		<b>3. Mailing Address</b> <i>3384 Springcreek Hwy</i>																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																			
<b>City &amp; State</b> <i>Crawfordville FL</i>		<b>City &amp; State</b> <i>Crawfordville FL</i>		<b>4. FEI Number</b> 01-0764487																																																																																																	
<b>Zip</b> <i>32327</i>		<b>Country</b> <i>USA</i>		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable																																																																																																	
<b>5. Certificate of Status Desired</b>				<b>\$8.75 Additional Fee Required</b>																																																																																																	
<b>6. Name and Address of Current Registered Agent</b> CONNELL, CARL B 3384 SPRING CREEK HIGHWAY SPRING CREEK FL 32327																																																																																																					
<b>7. Name and Address of New Registered Agent</b> Name: <i>CARL B. Connell</i> Street Address (P.O. Box Number is Not Acceptable): <i>3384 Springcreek Hwy</i> <i>3384 Springcreek Hwy</i> City: <i>Crawfordville</i> State: <i>FL</i> Zip Code: <i>32327</i>																																																																																																					
<b>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.</b> SIGNATURE: <i>Carl B. Connell</i> DATE: <i>2/14/04</i> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CONNELL, CARL B</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3384 SPRING CREEK HIGHWAY SPRING CREEK FL 32327 <i>(Crawfordville)</i></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CONNELL, CARL B		STREET ADDRESS			CITY-ST-ZIP	3384 SPRING CREEK HIGHWAY SPRING CREEK FL 32327 <i>(Crawfordville)</i>		CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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<b>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.</b>																																																																																																					
SIGNATURE: <i>Carl B. Connell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <i>2/14/04</i> DAYTIME PHONE: <i>850-566-3884</i> <i>850-926-7184</i>																																																																																																	