

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000010469 1. Entity Name CARL B. CONNELL, INC.						FILED 05 NOV 29 AM 11:23 SEAL TALLAHASSEE, FL	
Principal Place of Business 3384 SPRING CREEK HIGHWAY SPRING CREEK, FL 32327 <i>3384 Springcreek Hwy</i>				Mailing Address 3384 SPRING CREEK HIGHWAY SPRING CREEK, FL 32327			
2. Principal Place of Business <i>3384 Springcreek Hwy</i>				3. Mailing Address <i>3384 Springcreek Hwy</i>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Crawfordville FL		City & State Crawfordville FL		4. FEI Number 01-0764487		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32327		Country USA		Zip 32327		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				REINSTATEMENT 2005			
6. Name and Address of Current Registered Agent CONNELL, CARL B 3384 SPRING CREEK HIGHWAY SPRING CREEK, FL 32327 <i>Crawfordville FL 32327</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 <i>Carl B. Connell</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11/21/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONNELL, CARL B 3384 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL 32327 <i>correct</i>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <i>Carl B. Connell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11/21/05 850-566-3884 <small>Daytime Phone #</small>			

850-926-7134