


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 10, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90322 013 \*\*\*150.00

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DOCUMENT # P03000056755			
1. Entity Name C. MCCONNELL INC.			
Principal Place of Business 1633 SE GREEN ACRES CIRCLE, #CC204 PORT ST LUCIE, FL 34952		Mailing Address 1633 SE GREEN ACRES CIRCLE, #CC204 PORT ST LUCIE, FL 34952	
2. Principal Place of Business 177 SW Elderberry Dr Pt St Lucie FL		3. Mailing Address 177 SW ELDERBERRY Dr Pt St Lucie	
City & State FLORIDA		City & State FLORIDA	
Zip 34953-5411		Country USA	
4. FEI Number 30-0178189		Applied For <input type="checkbox"/> Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCCONNELL, COLLEEN R 1633 SE GREEN ACRES CIRCLE, #CC204 PORT ST LUCIE, FL 34952		7. Name and Address of New Registered Agent Name: <u>McConnell Colleen</u> Street Address (P.O. Box Number is Not Acceptable): <u>177 SW ELDERBERRY DR</u> City: <u>Pt St Lucie</u> FL Zip Code: <u>34953-5411</u>	
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: <u>Colleen McConnell</u> DATE: <u>4-29-04</u> <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 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCONNELL, COLLEEN R 1633 SE GREEN ACRES CIRCLE, #CC204 PORT ST LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP McConnell, Colleen R 177 SW Elderberry Dr Pt St Lucie FL 34953-5411 <input checked="" 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
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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: <u>Colleen McConnell</u>		DATE: <u>4-29-04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	