


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000056755 1. Entity Name C. MCCONNELL INC.	
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Principal Place of Business 177 SW ELDERBERRY DR PORT SAINT LUCIE, FL 34953-5411	Mailing Address 177 SW ELDERBERRY DR PORT SAINT LUCIE, FL 34953-5411
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DO NOT WRITE IN THIS SPACE



08162006 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0178189	Applied For Not 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
 177 SW ELDERBERRY DR
 PORT SAINT LUCIE, FL 34953-5411**

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 \$550.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000574745
 08/18/06-80005-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCONNELL, COLLEEN R 177 SW ELDERBERRY DR PORT SAINT LUCIE, FL 349535411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUNK, SAM 177 SW ELDERBERRY PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MCCONNELL, MATTHEW 541 SE FALLON DR PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Colleen McConnell **8-16-06** **772-528-4274**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-mo Phone #