


**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

03-19-2007 90053 047 ***150.00

DOCUMENT # P03000056755			
1. Entity Name C. MCCONNELL INC.			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>New</i>	
Suite, Apt. #, etc. <i>255 Mountain View Dr</i>		Suite, Apt. #, etc. <i>255 Mountain View Dr</i>	
City & State <i>Mr Carmel, TN</i>		City & State <i>Mr. Carmel TN</i>	
Zip <i>37645</i>	Country <i>USA</i>	Zip <i>37645</i>	Country <i>USA</i>
4. FEI Number 30-0178189		Applied For <input type="checkbox"/> 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		Matthew McConnell 541 SE fallon Dirve, Port ST Lucie, FLorida 34953	
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>Colleen McConnell</i>		SIGNATURE <i>Matthew McConnell</i> 413-07 3/15/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 177 SW ELDERBERRY DR PORT SAINT LUCIE, FL 349535411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>CHRISTINE MCCONNELL 128 FAIRFAX RD KINGSPORT, TN 37660</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUNK, SAM 177 SW ELDERBERRY PORT SAINT LUCIE, FL 34953 <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	TRES MCCONNELL, MATTHEW 541 SE FALLON DR PORT SAINT LUCIE, FL 34953 <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 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: <i>Colleen McConnell</i>		Date: <i>3/15/07</i>	