2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90087 045 ***150.00

DOCUMENT # P04000002184

1. Entity Name
MCCONNELL CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
5996 111 PLACE N PINELLAS PARK, FL 33782	5996 111 PLACE N PINELLAS PARK, FL 33782

01122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
14770 62nd St. N.	14770 62nd St. N.
Suite, Apt. #, etc.: Unit C	Suite, Apt. #, etc.: Unit C
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33760 Country: USA	Zip: 33760 Country: USA

4. FEI Number 200558241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'CONNOR, PATRICK M 2240 BELLEAIR RD SUITE 160 CLEARWATER, FL 33764	Name: O'Connor, Patrick M Street Address (P.O. Box Numbers Not Acceptable): 1250 S Belcher Road, Suite 160 City: Largo FL Zip Code: 33771

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 $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCONNELL, TIMOTHY S		NAME		
STREET ADDRESS	5996 111 PLACE N		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________ 1-17-05 727-539-0421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #