
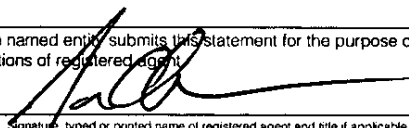
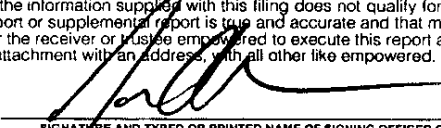


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90065 025 ***150.00

DOCUMENT # P04000014698 1. Entity Name JASON CONNER INC.																																			
Principal Place of Business 1898 DRYSTAL GROVE DR. LAKELAND, FL 33801		Mailing Address 1898 DRYSTAL GROVE DR. LAKELAND, FL 33801																																	
2. Principal Place of Business - No P.O. Box # 1130 N LAKE PARKER AVE Suite, Apt. #, etc.		3. Mailing Address 1130 N LAKE PARKER AVE Suite, Apt. #, etc.																																	
City & State Lakeland, FL		City & State Lakeland, FL																																	
Zip 33805		Zip 33805																																	
Country US		Country US																																	
4. FEI Number 75-3178627		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 CONNER, JASON 1898 DRYSTAL GROVE DR. LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1130 N LAKE PARKER AVE City Lakeland FL Zip Code 33805																																	
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:  JASON CONNER 4/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Delete O CONNER, JASON 1898 DRYSTAL GROVE DR. LAKELAND, FL 33801 </td> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete O CONNER, JASON 1898 DRYSTAL GROVE DR. LAKELAND, FL 33801	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	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 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:  JASON CONNER 4/19/07 863-712-0581 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			

40074402



04172007 Chg-P CR2E034 (12/06)