


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90277 011 ***150.00

DOCUMENT # P04000021751 1. Entity Name ROBERT J. CONNELLY, INC.					
Principal Place of Business 4531 PAMPANO DR VENICE, FL 34293			Mailing Address 4531 PAMPANO DR VENICE, FL 34293		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; margin-bottom: 10px;">20041440</div>  <div style="display: flex; justify-content: space-around; font-size: 12px;"> 04162005 Chg-P CR2E034 (10/03) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <div style="font-size: 18px; font-weight: bold;">56-2431189</div>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 24px; margin-bottom: 10px;">20041440</div>  <div style="display: flex; justify-content: space-around; font-size: 12px;"> 04162005 Chg-P CR2E034 (10/03) </div>	
6. Name and Address of Current Registered Agent					
COLON, STEVEN 413 BAYSIDE LN NOKOMIS, FL 34275					
7. Name and Address of New Registered Agent					
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.				<div style="font-size: 24px; margin-bottom: 10px;">20041440</div>  <div style="display: flex; justify-content: space-around; font-size: 12px;"> 04162005 Chg-P CR2E034 (10/03) </div>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div style="width: 40%; text-align: center;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 30%; text-align: center;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P CONNELLY, ROBERT J 4531 PAMPANO DR VENICE, FL 34293		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <u>Robert J Connelly</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> Date <u>4/22/05</u> </div> <div style="width: 40%; text-align: center;"> Daytime Phone # <u>941-493-4828</u> </div> </div>					