

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 01, 2005
Secretary of State**

DOCUMENT# P04000071612

Entity Name: LET CONNIE DO IT I, INC

Current Principal Place of Business:

653A PONTE VEDRA BLVD
PONTE VEDRA BCH, FL 32082

New Principal Place of Business:

Current Mailing Address:

78 FISHERMANS COVE
PONTE VEDRA BCH, FL 32082

New Mailing Address:

FEI Number: 34-1993602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, CONNIE M
78 FISHERMANS COVE
PONTE VEDRA BCH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HINES, CONNIE M
Address: 78 FISHERMANS COVE
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: VP () Delete
Name: VANN, KAREN S
Address: 78 FISHERMANS COVE
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: HEADLEY, BENNY
Address: 78 FISHERMANS COVE
City-St-Zip: PONTE VEDRA BCH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN S VANN

VP

07/01/2005

Electronic Signature of Signing Officer or Director

_____ Date