

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126622

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: CONNER HOME IMPROVEMENTS, INC.

**Current Principal Place of Business:**

128 EASTWAY DR  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

128 EASTWAY DR  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number: 20-1492825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM, INC.  
813 DELTONA BLVD., SUITE A  
DELTONA, FL 32725 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CONNER, BRADLEY A  
Address: 128 EASTWAY DR  
City-St-Zip: LAKELAND, FL 33803

Title: VP ( ) Delete  
Name: CONNER, STEPHANIE D  
Address: 128 EASTWAY DRIVE  
City-St-Zip: LAKELAND, FL 33803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEPHANIE D CONNER

VP

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date