

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000153628

Entity Name: CONNERS CORP.

FILED  
Oct 15, 2007  
Secretary of State

## Current Principal Place of Business:

1801 ORCHID COURT  
SUN CITY CENTER, FL 33573 US

## New Principal Place of Business:

## Current Mailing Address:

1801 ORCHID COURT  
SUN CITY CENTER, FL 33573 US

## New Mailing Address:

PO BOX 6384  
SUN CITY CENTER, FL 33571 US

FEI Number: 20-3820107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONNERS, PAULA L  
1801 ORCHID COURT  
SUN CITY CENTER, FL 33573 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: PAULA L CONNERS

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: CONNERS, PAULA L  
Address: 1801 ORCHID COURT  
City-St-Zip: SUN CITY CENTER, FL 33573 US

Title: VP ( ) Delete  
Name: CONNERS, JAMES L  
Address: 1801 ORCHID COURT  
City-St-Zip: SUN CITY CENTER, FL 33573 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CONNERS, PAULA L  
Address: PO BOX 6312  
City-St-Zip: SUN CITY CENTER, FL 33571 US

Title: VP (X) Change ( ) Addition  
Name: CONNERS, JAMES L  
Address: PO BOX 6312  
City-St-Zip: SUN CITY CENTER, FL 33571 US

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: PAULA L CONNERS

Electronic Signature of Signing Officer or Director

P

10/15/2007

Date