

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000022126

Entity Name: C & D MACCONNELL'S INC

**FILED**  
**Dec 01, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

4324 CREEKGLEN LANE  
LAKELAND, FL 33811 US

## **New Principal Place of Business:**

2990 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301 US

## **Current Mailing Address:**

4324 CREEKGLEN LANE  
LAKELAND, FL 33811 US

## **New Mailing Address:**

FEI Number: 29-4444193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A-100  
TAMPA, FL 33612 US

## **Name and Address of New Registered Agent:**

CAREY G MACCONNELL  
4324 CREEKGLEN LANE  
LAKELAND, FL 33811 US

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: CAREY G MACCONNELL

12/01/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P, D  
Name: MACCONNELL, CAREY G  
Address: 4324 CREEKGLEN LANE  
City-St-Zip: LAKELAND, FL 33811 US

Title: T  
Name: MACCONNELL, CAREY G  
Address: 4324 CREEKGLEN LANE  
City-St-Zip: LAKELAND, FL 33811 US

Title: S, D  
Name: MACCONNELL, DANIEL C  
Address: 4324 CREEKGLEN LANE  
City-St-Zip: LAKELAND, FL 33811 US

Title: D  
Name: MACCONNELL, HOLLY A  
Address: 4324 CREEKGLEN LANE  
City-St-Zip: LAKELAND, FL 33811 US

I hereby 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 all other like empowered.

SIGNATURE: CAREY G MACCONNELL

PRES

12/01/2010

Electronic Signature of Signing Officer or Director

Date