

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000027981

1. Entity Name
THE CONNECTION COMPANY, INC.



Principal Place of Business
THE UPS STORE
2200 WINTER SPRINGS BLVD., STE. 106
OVIEDO, FL 32765

Mailing Address
THE UPS STORE
2200 WINTER SPRINGS BLVD., STE. 106
OVIEDO, FL 32765

**FILED
Mar 28, 2005 08:00 AM
Secretary of State**



DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3238681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOODE, PATRICIA L
5637 WOOD SORRELL CT
WINTER SPRINGS, FL 32708

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME OATES, JOHN S
STREET ADDRESS 2200 WINTER SPRINGS BLVD, SUITE 106
CITY-ST-ZIP OVIEDO, FL

TITLE ST
NAME OATES, MARY F
STREET ADDRESS 2200 WINTER SPRINGS BLVD, SUITE 106
CITY-ST-ZIP OVIEDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000278618
03/28/05-80055-JD3 150.00

**DO NOT WRITE
IN THIS SPACE**

11. 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.

SIGNATURE: *John S. Oates*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 407366535L
Daytime Phone #