

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000031819	
1. Entity Name CONNELL ENTERPRISES, INC.	

Principal Place of Business 273 S. LAKE AVE PAHOKEE, FL 33476 US	Mailing Address 225 SW AVENUE B BELLE GLADE, FL 33430
--	---

DO NOT WRITE IN THIS SPACE

02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0490103	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CONNELL, KENT C
964 SE 4TH ST
BELLE GLADE, FL 33430

**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 Kent C Connell president 2/28/05
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signs are 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 NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, RODNEY H 1755 SE AVE J BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, KENT C 1709 SE AVE K BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000248598
03/02/05-80034-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 2/28/05 (561) 976-2615
(Signature and typed or printed name of signing officer or director) Daytime Phone #