

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**1 Feb 26, 2007 8:00 am
Secretary of State**

01-29-2007 90100 026 ***150.00

DOCUMENT # P94000031819 1. Entity Name CONNELL ENTERPRISES, INC.	
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Principal Place of Business 225 SW AVE B. BELLE GLADE, FL 33430 US	Mailing Address 225 SW AVENUE B BELLE GLADE, FL 33430
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DO NOT WRITE IN THIS SPACE



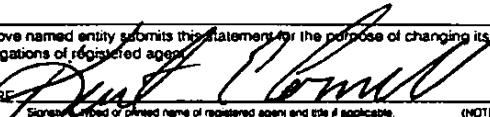
01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0490103	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CONNELL, KENT C 004 SE 4TH ST 225 SW AVE B. BELLE GLADE, FL 33430
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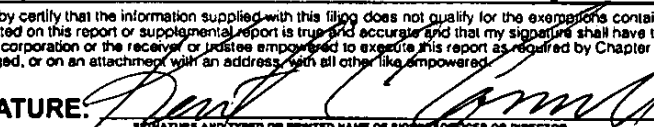
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)	DATE 1-24-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2-21-07 561-985-6340 Daytime Phone