2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 26, 2007 8:00 am
Secretary of State
01-29-2007 90100 026 ***150.00

DOCUMENT # P94000031819

1. Entity Name
CONNELL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
225 SW AVE B. BELLE GLADE, FL 33430 US	225 SW AVENUE B BELLE GLADE, FL 33430

01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
~~604 SE 4TH ST~~ 225 SW AVE B.
BELLE GLADE, FL 33430

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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: Kent C Connell 1-24-07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONNELL, RODNEY H
STREET ADDRESS	1755 SE AVE J
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	D
NAME	CONNELL, KENT C
STREET ADDRESS	1709 SE AVE K
CITY-ST-ZIP	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	

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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: Kent C Connell 2-21-07 561-985-6340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #