

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 25, 2007 08:00 AM
Secretary of State**

DOCUMENT # P95000072058

1. Entity Name
CONNER INDUSTRIES INC.



Principal Place of Business
**160 SW 5TH CT
POMPANO BEACH, FL 33060 US**

Mailing Address
**160 SW 5TH CT
POMPANO BEACH, FL 33060 US**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0609086

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONNER, JASON
1813 NW 36TH CT
OAKLAND PARK, FL 33309**

**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, 2007 Fee will be \$550.00**

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

**U000000602972
01/26/07-80113-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CONNER, JASON
1813 NW 36TH CT
OAKLAND PARK, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
CONNER, ALBERT
2741 NW 9 LANE
WILTON MANORS, FL 33311**

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

**DO NOT WRITE
IN THIS SPACE**

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: *Jason M Conner* **JASON M CONNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19 2007
Date

954-564 7026
Daytime Phone #