


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90045 014 \*\*\*150.00

<b>DOCUMENT # P97000065950</b> 1. Entity Name <b>CONNECT INTERNET SERVICES, INC.</b>					
Principal Place of Business <b>6135 N BLUE ANGLE PENSACOLA, FL 32526</b>			Mailing Address <b>6135 N BLUE ANGLE PENSACOLA, FL 32526</b>		
2. Principal Place of Business <b>7029 W Fairfield DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>7029 W Fairfield DR</b> Suite, Apt. #, etc.			
City & State <b>Pensacola FL</b> Zip <b>32506</b>		City & State <b>Pensacola FL</b> Zip <b>32506</b>		4. FEI Number <b>65-0773720</b>	
Country <b>USA</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NAVE, STANLEY 6135 N BLUE ANGLE PWY PENSACOLA, FL 32526</b>			7. Name and Address of New Registered Agent Name <b>NAVE Stanley</b> Street Address (P.O. Box Number is Not Acceptable) <b>7029 W Fairfield DR</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32506</b>		
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 <u>Stanley K Nave</u> DATE <u>3/24/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE P NAME NAVE, STANLEY K STREET ADDRESS 3044 BARONNE ST CITY-ST-ZIP PENSACOLA, FL 32526	<input type="checkbox"/> Delete		TITLE P NAME Stanley K. Nave STREET ADDRESS 7029 W Fairfield DR CITY-ST-ZIP Pensacola, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Stanley K Nave</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/24/05</u> Daytime Phone # <u>850 277 1711</u>		