


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000067574 1. Entity Name CONNELL HOMES, INC.	
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Principal Place of Business 4633 CASTLEWOOD RD SEFFNER, FL 33584	Mailing Address 4633 CASTLEWOOD RD SEFFNER, FL 33584
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0775953	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONNELL, RUTHANNE 1516 THOMPSON RD LITHIA, FL 33547

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	P BRIAN L CONNELL 4633 CASTLEWOOD RD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEROY F CONNELL 1516 THOMPSON RD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RUTHANNE CONNELL 1516 THOMPSON RD LITHIA, FL 33547
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07/07/04-80005-016 550.00

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

SIGNATURE: Ruthanne Connell 7/1/04 (813) 643-4239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #