



2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000067574 1. Entity Name CONNELL HOMES, INC.						FILED 2007 APR 10 AM 10:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 4633 CASTLEWOOD RD SEFFNER FL 33584				Mailing Address P.O. BOX 1176 PLANT CITY FL 33564			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4633 Castlewood Rd Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)			
City & State City: Seffner, FL		City & State City: Seffner, FL		4. FEI Number 65-0775953		Applied For <input type="checkbox"/> Not Applicable	
Zip 33547		Country USA		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				7. Name and Address of New Registered Agent Name: BRIAN L. CONNELL Street Address (P.O. Box Number is Not Acceptable): 4633 CASTLEWOOD Rd City: Seffner FL Zip Code: 33584			
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><i>Brian L. Connell</i></u> DATE: <u>04-15-07</u> <small>(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRIAN L CONNELL 4633 CASTLEWOOD RD SEFFNER FL 33584 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700096806307 04/16/07--01012--002 **392.50		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEROY F CONNELL 1516 THOMPSON RD LITHIA FL 33547 <input checked="" 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	ST RUTHANNE CONNELL 1516 THOMPSON RD LITHIA FL 33547 <input checked="" 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 exemptions contained in Section 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 who empowered.							
SIGNATURE: <u><i>Brian L. Connell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				(813) 759-6510 <small>Daytime Phone #</small>			