

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90124 049 ***150.00

DOCUMENT # P97000074214					
1. Entity Name CONNER ENTERPRISES, INC. OF THE PALM BEACHES					
Principal Place of Business 18110 APRIL LANE JUPITER, FL 33458			Mailing Address 18110 APRIL LANE JUPITER, FL 33458		
2. Principal Place of Business - No P.O. Box # 775 W. Indiantown Rd		3. Mailing Address 775 W. Indiantown Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232007 Chg-P CR2E034 (12/06)	
City & State Jupiter FL		City & State Jupiter FL		4. FEI Number 65-0769376	
Zip 33458		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERICKSON, DEBRA A 8819 N VIRGINIA AVE PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name: <u>Pamela Conner</u> Street Address (P.O. Box Number is Not Acceptable): 775 W. Indiantown Rd City: <u>Jupiter</u> FL Zip Code: <u>33458</u>		
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>[Signature]</u> DATE: <u>1/24/07</u> <small>Signature, typed or printed name of registered agent and title 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		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 PD	NAME CONNER, PAMELA		<input type="checkbox"/> Delete		
STREET ADDRESS 18110 APRIL LANE	CITY - ST - ZIP JUPITER, FL 33458		<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 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: <u>[Signature]</u>			Date: <u>1/24/07</u> Daytime Phone #: <u>5617442277</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					