

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90056 028 \*\*\*150.00

<b>DOCUMENT # P97000074214</b> 1. Entity Name <b>CONNER ENTERPRISES, INC. OF THE PALM BEACHES</b>					
Principal Place of Business <b>775 W INDIAN TOWN RD JUPITER, FL 33458</b>			Mailing Address <b>775 W INDIAN TOWN RD JUPITER, FL 33458</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CONNER, PAMELA 775 W INDIAN TOWN RD JUPITER, FL 33458</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>65-0769376</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required				01092008 Chg-P CR2E034 (12/06)	
SIGNATURE <i>Pamela Conner</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>1/10/08</i> <small>(NOTE: Registered Agent signature required when registering)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		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	PD <b>CONNER, PAMELA</b> <b>18110 APRIL LANE</b> <b>JUPITER, FL 33458</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Conner Pamela</b> <b>19270 Rocky Pines Rd</b> <b>Jupiter, FL 33478-5345</b> <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	V-P <b>Conner David C.</b> <b>19270 Rocky Pines Rd</b> <b>Jupiter, FL 33478-5345</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <i>David C. Conner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1/10/08</i> Daytime Phone #		