2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000021366

1. Entity Name
THE CONNOR DEVELOPMENT CORPORATION OF MARION COUNTY, INC.

Principal Place of Business	Mailing Address
1309 SE 25TH LOOP STE 103 OCALA, FL 34471	1309 SE 25 LOOP STE 103 OCALA, FL 34471

01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3571938
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARRINEAU, REGINALD M
1309 SE 25 LOOP
STE 103
OCALA, FL 34471

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RANKIN, JOHN A
STREET ADDRESS	8 LARCH RADIAL COURSE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	VO
NAME	DANIELS, JOHN P
STREET ADDRESS	1309 SE 25 LOOP-STE 102
CITY-ST-ZIP	OCALA, FL 34471
TITLE	S
NAME	TURNER, SYLVIA J
STREET ADDRESS	1711 SE 43RD TERR
CITY-ST-ZIP	OCALA, FL 34471
TITLE	T
NAME	BARRINEAU, REGINALD M
STREET ADDRESS	1309 SE 25 LOOP #103
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/04-80011-010 150.00

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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: _____ 1/19/04 352-369-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #