


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000021366	
1. Entity Name THE CONNOR DEVELOPMENT CORPORATION OF MARION COUNTY, INC.	

Principal Place of Business 1309 SE 25TH LOOP STE 103 OCALA, FL 34471	Mailing Address 1309 SE 25 LOOP STE 103 OCALA, FL 34471
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03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3571938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000263910 03/15/05-80005-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANKIN, JOHN A 8 LARCH RADIAL COURSE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO DANIELS, JOHN P 1309 SE 25 LOOP-STE 102 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, SYLVIA J 1711 SE 43RD TERR OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARRINEAU, REGINALD M 1309 SE 25 LOOP #103 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(f), 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:  **3/11/05** **352-319-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #