## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000090501

O'CONNER, PATRICK

326 MONTEREY STREET

NORTH FORT MYERS, FL 33917

Name:

Address:

City-St-Zip:

FILED Jan 10, 2004 Secretary of State

| Entity Na                                     | me: CONNER  | R DECORATING, INC.             |   |   |               |  |
|---|---|--------------------------------|---|---|---------------|--|
| Current Principal Place of Business:          |   |                                | New Princ                                   | New Principal Place of Business:  |               |  |
|   | TERSON RD.<br>ERS, FL 3390                              | 3                              |   |   |               |  |
| Current Mailing Address:                      |   |                                | New Mailing Address:                        |   |               |  |
|   | TERSON RD.<br>ERS, FL 3390                              | 3                              |   |   |               |  |
| FEI Number                                    | : 65-0962981  | FEI Number Applied For()       | FEI Number Not App                          | icable ( ) Certificate of Status De   | esired ( )    |  |
| Name and Address of Current Registered Agent: |   |                                | : Name and                                  | Name and Address of New Registered Agent:   |               |  |
| 1185 PAT                                      | , FRANCES D<br>TERSON RD.<br>ERS, FL 3390               | 3 US                           |   |   |               |  |
|   | named entity :<br>e of Florida.                         | submits this statement for t   | he purpose of changing i                    | ts registered office or registered age  | ent, or both, |  |
| SIGNATU                                       |   |                                |   |   |               |  |
|   | Electror  | ic Signature of Registered     | Agent                                       | Date  |               |  |
| Election Ca                                   | mpaign Financin   | g Trust Fund Contribution ( ). |   |   |               |  |
| OFFICER                                       | S AND DIREC   | TORS:                          | ADDITION                                    | IS/CHANGES TO OFFICERS AND  | DIRECTORS:    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | STM ( )<br>CONNER, FRA<br>1185 PATTERS<br>N. FT. MYERS, | SON RD.                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition   |               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP ( )<br>CONNER, DAV<br>1749 BRAMAN<br>CAPE CORAL,     | AVE                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | VP (X) Change ( ) Addition<br>CONNER, DAVID A<br>1749 BRAMAN AVE<br>FORT MYERS, FL 33909            |               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP ()<br>CONNER, DAV<br>44 NE 12TH CT<br>CAPE CORAL,    | •                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | C (X) Change ( ) Addition<br>CONNER, PATRICK O<br>326 MONTEREY STREET<br>NORTH FROT MYERS, FL 33917 |               |  |
| Title:  |   | ) Delete                       | Title:                                      | ( ) Change ( ) Addition   |               |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCES D. CONNER STM 01/10/2004