


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90117 025 ***150.00

DOCUMENT # P99000090501

1. Entity Name
CONNER DECORATING, INC.



Principal Place of Business: **1185 PATTERSON RD. N. FT. MYERS FL 33903**

Mailing Address: **1185 PATTERSON RD. N. FT. MYERS FL 33903**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

4. FEI Number **65-0962981**

Applied For: Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

CONNER, FRANCES D
1185 PATTERSON RD.
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name: **Same**

Street Address (P.O. Box Number is Not Acceptable):

City: **Cape Coral** FL Zip Code: **33909**

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: Frances Conner Frances Conner Sec/Tr. DATE: 3/21/06

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	STM	<input type="checkbox"/> Delete
NAME	CONNER, FRANCES D	
STREET ADDRESS	1185 PATTERSON RD.	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONNER, DAVID A	
STREET ADDRESS	1749 BRAMAN AVE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	C	<input type="checkbox"/> Delete
NAME	CONNER, PATRICK O	
STREET ADDRESS	326 MONTEREY STREET	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Fort Myers	
CITY-ST-ZIP	FL 33901	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	North Ft Myers	
CITY-ST-ZIP	FL 33917	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Frances Conner Frances Conner DATE: 3/21/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #