


# 2007 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90039 016 \*\*\*150.00

<b>DOCUMENT # V05183</b> 1. Entity Name <b>CONNIECO, INCORPORATED</b>	
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Principal Place of Business <b>5842 DARREN CT N CLEARWATER, FL 33760 US</b>	Mailing Address <b>5842 DARREN COURT, NORTH CLEARWATER, FL 33760 US</b>
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05042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
<b>HENDERSON, LARRY 5842 DARREN CT N CLEARWATER, FL 33760</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, LARRY G PRESIDE 5842 DARREN COURT NORTH CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, CONNIE M SEC/TRS 5842 DARREN CT N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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:** *Connie M. Henderson* **CONNIE M. HENDERSON** 5/1/07 727-530-1658  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #