


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004645	
1. Entity Name CONCO SERVICES CORPORATION	

Principal Place of Business 802 PINE CONE DR. DAVENPORT, FL 33897	Mailing Address 530 JONES ST. VERONA, PA 15147
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1567394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

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 NAME STREET ADDRESS CITY - ST - ZIP	DC SAXON, GEORGE E 530 JONES ST. VERONA, PA 15147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SAXON, FRANCES J 530 JONES ST. VERONA, PA 15147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SAXON, EDWARD G 530 JONES ST. VERONA, PA 15147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT GODISH, REGINA M 530 JONES ST. VERONA, PA 15147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GODISH, REGINA M 530 JONES ST. VERONA, PA 15147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAXON, GEORGE E JR. 530 JONES ST. VERONA, PA 15147

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03/22/04-80021-006 150.00

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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:  **Edward G. Saxon** 03/16/04 412-828-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #