


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90009 047 \*\*\*150.00

<b>DOCUMENT # F03000004645</b> 1. Entity Name <b>CONCO SERVICES CORPORATION</b>	
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Principal Place of Business <b>802 PINE CONE DR. DAVENPORT, FL 33897</b>	Mailing Address <b>530 JONES ST. VERONA, PA 15147</b>
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**DO NOT WRITE IN THIS SPACE**



02212005 No Chg-P CR2E034 (10/03)

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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. VERNONA, 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

**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)(i), 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** **02/21/2005** **412-828-1166**

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