


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 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**



03102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **25-1567394** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**G T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

6. 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 retreating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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 04/11/05 00040-024 150.00

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: E. Saxon 3.13.06 4128281166  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #