


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000001008

1. Entity Name
CONLEY BROS., INC.



Principal Place of Business
**2766 BROAD BAY RD.
 VA. BEACH, VA 32451**

Mailing Address
**2766 BROAD BAY RD.
 VA. BEACH, VA 32451**

DO NOT WRITE IN THIS SPACE



08022004 No Chg-P CR2E034 (10/03)

4. FEI Number
54-1250609

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

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 reselecting) DATE _____

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

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	CP CONLEY, WARNIE 2766 BROAD BAY RD. VA. BEACH, VA 23451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONLEY, NITA 2766 BROAD BAY RD. VA. BEACH, VA 23451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARNIE, CONLEY II 2766 BROAD BAY RD VA BEACH, VA
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 08/06/04-80002-009 550.00

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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: Nita Conley 8-2-04 757-481-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #