

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90082 030 ***150.00

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1. Entity Name

CONIBEAR EQUIPMENT CO., INC.



Principal Place of Business

8910 N. U.S. HWY. 98
P.O. BOX 90215
LAKELAND FL 33804

Mailing Address

8910 N. U.S. HWY. 98
P.O. BOX 90215
LAKELAND FL 33804



1st MOORE

CR2E034 (10/05)

Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

4. FEI Number

59-1098650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, E.SNOW JR.
200 LAKE MORTON DR.
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CONIBEAR, ROBERT E
STREET ADDRESS 904 THOMAS RD
CITY-ST-ZIP LAKELAND FL

TITLE V ☐ Delete
NAME MILLS, DONALD D.,
STREET ADDRESS 8923 CLAYTON LN.
CITY-ST-ZIP LAKELAND FL 33809-6500

TITLE S ☐ Delete
NAME CONIBEAR, JOANNE A.
STREET ADDRESS 904 THOMAS ROAD
CITY-ST-ZIP LAKELAND FL

TITLE 1VP ☐ Delete
NAME MILLS, J.C.
STREET ADDRESS 8923 CLAYTON LN
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 Section 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: *Robert E Conibear*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-06 863-888-4414