

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 389062

Entity Name: JACOB CONGER, INC.

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

RT 30, 18603 EVERGREEN RD., S.E.
FT MYERS, FL 33967

New Principal Place of Business:

Current Mailing Address:

RT 30, 18603 EVERGREEN RD., S.E.
FT MYERS, FL 33967

New Mailing Address:

FEI Number: 59-1364796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONGER, JACOB
RT. 30, 18603 EVERGREEN RD., S.E.
FT. MYERS, FL 33967 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONGER, JACOB,
Address: RT 30, 18603 EVERGREEN
City-St-Zip: FT MYERS, FL

Title: D () Delete
Name: CONGER, JACOB,
Address: RT 30, 18603 EVERGREEN
City-St-Zip: FT MYERS, FL

Title: V () Delete
Name: WOODRING, SHANE,
Address: 19771 ADAMS ROAD
City-St-Zip: FT. MYERS, FL

Title: AT () Delete
Name: CONGER-LOPEZ, HOPE
Address: 18588 GERANIUM RD SE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB CONGER

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date