


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 585913		
1. Entity Name CONRAD FIXTURE COMPANY		
Principal Place of Business	Mailing Address	
1606 COTTAGEWOOD DR. P. BOX 2446 (BRANDON, FL 33509-2446) BRANDON, FL 33510	1606 COTTAGEWOOD DR. P. BOX 2446 (BRANDON, FL 33509-2446) BRANDON, FL 33510	



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1851294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CONRAD, LAWRENCE W.
1606 COTTAGEWOOD DR.
P. O. BOX 2446 (BRANDON, FL 33509-2446)
BRANDON, FL 33510

**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

UN00000332162
04/26/05-80047-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CONRAD, LAWRENCE W. 1606 COTTAGEWOOD DR. BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRUNER, LYNN C 1606 COTTAGEWOOD DR BRANDON, FL 385102811
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Lawrence W. Conrad PRES. 4/22/05 813-685-2275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #