2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 585913

1. Entity Name
CONRAD FIXTURE COMPANY

FILED
Mar 26, 2007 08:00 AM
Secretary of State

Principal Place of Business
1606 COTTAGEWOOD DR.
P. . BOX 2446 (BRANDON, FL 33509-2446
BRANDON FL 33510

Mailing Address
1606 COTTAGEWOOD DR.
P. . BOX 2446 (BRANDON, FL 33509-2446
BRANDON FL 33510

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1851294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CONRAD, LAWRENCE W. 1606 COTTAGEWOOD DR. BRANDON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000679562 04/03/07-80043-004 150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRUNER, LYNN C 1606 COTTAGEWOOD DR BRANDON FL 38510-2811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Lawrence W. Conrad PTD MAR. 23, 2007 813-685-2275