

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # 618197**

1. Entity Name  
CONLON GUTTER & SHEET METAL, INC.



Principal Place of Business

595 FAIRVILLA ROAD  
ORLANDO, FL 32808

Mailing Address

595 FAIRVILLA ROAD  
ORLANDO, FL 32808



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1906894	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**

CONLON, JOHN J  
C/O 595 FAIRVILLA RD.  
ORLANDO, FL 32807

**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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONLON, DONNA S 1425 YATES ST. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONLON, JOHN J P.O. BOX 585967 ORLANDO, FL 32858
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV CONLON, DONNA S 1425 YATES ST ORLANDO, FL 32804
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UD0000554336  
05/15/06-80088-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *John J Conlon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/06* *407 299 0467*  
Date Daytime Phone