2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
03-02-2005 90089 036 ***150.00

DOCUMENT # 855638

1. Entity Name
CONICO, INC.

Principal Place of Business	Mailing Address
BOX 374 BRIDGE RD. HOBE SOUND, FL 33475-0374	180 COURTRIGHT ST SUITE 100 WILKES-BARRE, PA 18702-1802 US

66012426

01252005 No Chg-P CR2E034 (10/03)

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4. FEI Number
51-0116104
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES E. BELL
8965 SE BRIDGE RD., S-101
HOBE SOUND, FL 33455

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BELL, JAMES E., JR.
STREET ADDRESS	166 S BEACH RD.
CITY-ST-ZIP	HOBE SOUND, FL
TITLE	ST
NAME	GOULA, JUDYANN
STREET ADDRESS	708 SPRING ST.
CITY-ST-ZIP	AVOCA, PA
TITLE	V
NAME	BELL, CONSTANCE L.
STREET ADDRESS	166 S. BEACH RD.
CITY-ST-ZIP	HOBE SOUND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Judyann Goula 04/19/05 (570) 825-1691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #