2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# F84930

Entity Name: CONLEYS' SERVICE CENTERS, INC.

Current Principal Place of Business:

3401 S.W. COLLEGE RD.
OCALA, FL 34424 US

New Principal Place of Business:

9590 SW 19TH AVE RD
OCALA, FL 34476 US

Current Mailing Address:

9590 S W 19TH AVENUE RD.
OCALA, FL 34474 US

New Mailing Address:

9590 S W 19TH AVE RD.
OCALA, FL 34474 US

FEI Number: 59-2210502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONLEY, CLAUDE, JR.
9590 SW 19TH AVE RD
OCALA, FL 34476 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: D ( ) Delete
Name: CONLEY, CLAUDE, JR.,
Address: 9590 S.W. 19TH AVE. RD.
City-St-Zip: OCALA, FL

Title: P ( ) Delete
Name: CONLEY, MILDRED,
Address: 9590 S.W. 19TH AVE. RD.
City-St-Zip: OCALA, FL

Title: D ( ) Delete
Name: CONLEY SR, CLAUDE,
Address: 9590 S.W. 19TH AVE. RD.
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CONLEY, CLAUDE, JR.,
Address: 9590 S.W. 19TH AVE. RD.
City-St-Zip: OCALA, FL

Title: D (X) Change ( ) Addition
Name: CONLEY, MILDRED,
Address: 9590 S.W. 19TH AVE. RD.
City-St-Zip: OCALA, FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDE CONLEY JR. P 01/19/2005

Electronic Signature of Signing Officer or Director Date