

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90057 041 ***158.75

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1. Entity Name
CONRAD CREDIT CORPORATION



Principal Place of Business
**476 WEST VERMONT AVE.
ESCONDIDO, CA 92025-6566**

Mailing Address
**P.O. BOX 469108
ESCONDIDO, CA 92046-9108 US**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number **33-0344781** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~ET CORPORATION SYSTEM~~ **Kathleen Cormier**
~~1200 SOUTH PINE ISLAND ROAD~~ **10148 OHIO AVE**
~~PLANTATION, FL 33324~~ **Palm Harbor, FL**
34683

**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 *Kathleen A. Cormier* **KATHLEEN A. CORMIER** 1/15/07
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**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP RICHENBACHER, KEITH 2815 ANAHEIM ST. ESCONDIDO, CA 92025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PAGE, JOHN 826 WINDRIDGE CIRCLE SAN MARCOS, CA 92069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRANIK, ROBERT 3118 ADMIRAL AVE SAN DIEGO, CA 92123
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HUFF, WILLIAM 5000 THORN DRIVE LA MESA, CA 91941
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Keith Richenbacher* **KEITH RICHENBACHER, PRES.** 1/23/07 **(760) 735-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #