

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G35351

FILED
Jan 05, 2008
Secretary of State

Entity Name: CONRAD CONSULTING CORPORATION

Current Principal Place of Business:

212 PALMETTO ST
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1359
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-2326948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONRAD, LILLIAN
212 PALMETTO ST.
NEW SMYRNA BEACH, FL 32168 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: DP () Delete
Name: CONRAD, LILLIAN,
Address: P. O. BOX 1359
City-St-Zip: EDGEWATER, FL 32132

Title: D () Delete
Name: BERARDO, ROSEMARY,
Address: 6302 WISTERIA
City-St-Zip: APOLLO BEACH, FL

Title: D () Delete
Name: WHITE VICKI & DOUGLA, S
Address: 310 CONDUCT RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: REGAN, TERRI CONRAD,
Address: 503 EAGLE STREET
City-St-Zip: TROY, NY

Title: D () Delete
Name: RIDOLPH, CONNI CONRA, D
Address: 204 BUTTONWOOD LANE
City-St-Zip: ISLAMORADA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: REGAN, TERRI CONRAD,
Address: 35 GURLEY AV
City-St-Zip: TROY, NY 12182

Title: D (X) Change () Addition
Name: RIDOLPH, CONNI CONRA, D
Address: P. O. BOX 7350
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LILLIAN CONRAD

PRES

01/05/2008

Electronic Signature of Signing Officer or Director

Date