

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H30076</b> 1. Entity Name <b>CONARD'S INC.</b>					
Principal Place of Business <b>670 CLEARWATER - LARGO RD. N. SUITE C LARGO FL 33770 US</b>			Mailing Address <b>240 SAND KEY ESTATES DR. #24 CLEARWATER FL 33767 US</b>		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2496850</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BARBER, CHARLES F. 1550 HIGHLAND AVE. CLEARWATER FL 34616</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PTD AMANN, C BERT, JR 240 SAND KEY ESTATES, DRIVE #24 CLEARWATER BEACH FL 33767 <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VPSD AMANN, CHARLES B III 4161 BOLINGBROOK DR. MARIETTA GA 30062 <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		ASD RODEN, LOREN A 6516 COFFEY ST CINCINNATI OH 45230 <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		ASD DREW, MARIE 2014 CLERMONTVILLE-LAUREL RD. NEW RICHMOND OH 45157 <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000309756</b>  <b>04/16/05-80051-002 150.00</b> </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*C.B. Amann Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. B. AMANN JR 4-6-05**

Date

Daytime Phone #