2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H30076

Entity Name: CONARD'S INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Plac	e of Business:
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670 CLEARWATER - LARGO RD. N. 2840 WEST BAY DRIVE

SUITE C # 249

LARGO, FL 33770 BELLEAIR BLUFFS, FL 33770 US

Current Mailing Address: New Mailing Address:

240 SAND KEY ESTATES DR.

CLEARWATER, FL 33767 US

FEI Number: 59-2496850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARIANI, TIMOTHY K 1550 HIGHLAND AVE. #B US CLEARWATER, FL 33756

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

AMANN, C BERT, JR AMANN, C BERT, JR Name: Name:

240 SAND KEY ESTATES, DRIVE #24 240 SAND KEY ESTATES, DRIVE #24 Address: Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: CLEARWATER BEACH, FL 33767 US

() Delete **VPSD** Title: (X) Change () Addition Title:

Name: AMANN, CHARLES B III Name: AMANN, CHARLES B III 4161 BOLINGBROOK DR. 4161 BOLINGBROOK DR Address: Address: MARIETTA, GA 30062 MARIETTA, GA 30062 US City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition ASD ASD

RODEN, LOREN A RODEN, LOREN A Name: Name: 6516 COFFEY ST 6516 COFFEY ST Address: Address:

City-St-Zip: CINCINNATI, OH 45230 City-St-Zip: CINCINNATI, OH 45230 US

Title: ASD () Delete Title: ASD (X) Change () Addition

DREW, MARIE DREW, MARIE Name: Name:

Address: 2014 CLERMONTVILLE-LAUREL RD. Address: 2014 CLERMONTVILLE-LAUREL RD. City-St-Zip: NEW RICHMOND, OH 45157 City-St-Zip: NEW RICHMOND, OH 45157 US

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: C. B. AMANN JR **PRES** 04/17/2009