

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H75738**

1. Entity Name  
**CONLEA, INC.**



Principal Place of Business

**8136 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32211**

Mailing Address

**8136 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32211**

**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2578149**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LEAKE, DARRELL  
306 OCEANFRONT  
NEPTUNE BEACH, FL 32233**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LEAKE, DARRELL  
STREET ADDRESS 306 OCEANFRONT  
CITY-ST-ZIP NEPTUNE BEACH, FL

TITLE VD  
NAME CONE, JR., EDDIE D  
STREET ADDRESS 306 OCEANFRONT  
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE D  
NAME RADICHES, JOHN  
STREET ADDRESS 10555 SERENA DR  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE S  
NAME CONE, VALERIE J  
STREET ADDRESS 304 OCEANFRONT  
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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03/02/05-80018-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #