## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # K15474

CONSERVATION REAL ESTATE GROUP, INC.



50021921

Principal Place of Business

2507 CALLAWAY ROAD

TALLAHASSEE, FL 32303

Mailing Address

2507 CALLAWAY ROAD #101

TALLAHASSEE, FL 32303



**FILED** 

Jul 10, 2006 8:00 am Secretary of State

07-10-2006 90025 030 \*\*\*150.00

07052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2871124 Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACFARLAND, JAMES W 2507 CALLOWAY RD # 101

TALLAHASSEE FL 32303

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IN	THIS	SPACE

.,					
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered office	ce or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Registered Agent	signature	required when reinstating)	DATE
	LE NOWIII FEE IS \$150.00 ue by September 6, 2006	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS		<del></del>	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MACFARLAND, JAMES W. 2507 CALLOWAY ROAD # 101 TALLAHASSEE, FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MALLISON, PETE 2507 CALLOWAY ROAD # 101 TALLAHASSEE, FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

JAMES W.MACFARLAMO

386-5263