

**FILED**  
**May 06, 2005 08:00**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P01000051607**

1. Entity Name  
CONAD, INC.



Principal Place of Business  
1900 BENJAMIN FRANKLIN DRIVE, VILLA 6  
SARASOTA, FL 34236

Mailing Address  
PIETER GORUSSTRAAT 23,  
9240 ZELE  
KINGDOM OF BELGIUM, XX



04302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
98-0352093

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

SAVARY, JOHNSON S JR. ESQ  
22 SOUTH LINKS AVENUE, SUITE 300  
SARASOTA, FL 34236

**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 signature required when reinstating)

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	D
NAME	DE WAELE, RITA
STREET ADDRESS	PIETER GORUSSTRAAT 23, 9240 ZELE
CITY-ST-ZIP	KINGDOM OF BEGIUM,
TITLE	D
NAME	VAN CAUTER, PATRIK
STREET ADDRESS	PIETER GORUSSTRAAT 23, 9240 ZELE
CITY-ST-ZIP	KINGDOM OF BEGIUM,
TITLE	D
NAME	VAN CAUTER, CHRISTOPHE
STREET ADDRESS	ALBRT I-LAAN 10710205 8620 NIEVWPOORT
CITY-ST-ZIP	KINGDOM OF BEGIUM,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000364391  
05/06/05-80039-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

RITA DE WAELE

April 30, 2005

Date

Daytime Phone #