

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P01000060115

1. Entity Name
CONRILEY, INC.



Principal Place of Business

2011 NE 31 AVENUE
GAINESVILLE, FL 32609 US

Mailing Address

2011 NE 31 AVENUE
GAINESVILLE, FL 32609 US



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3749351

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCKIERNAN, CYNTHIA
2011 NE 31 AVENUE
GAINESVILLE, FL 32609

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000892012
04/23/08-80048-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKIERNAN, DON
STREET ADDRESS	2011 NE 31 AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	VP
NAME	MCKIERNAN, CYNTHIA D
STREET ADDRESS	2011 NE 31 AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Cynthia McKiernan Cynthia McKiernan 4/9/08 352 373-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #