

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097875

FILED
Apr 30, 2009
Secretary of State

Entity Name: CONEY & ASSOCIATES CONSULTING, INC.

Current Principal Place of Business:

33605 C.R. 468
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 491058
LEESBURG, FL 34749

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONEY, BETTYE S
33605 C.R. 468
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CONEY, BETTYE S
Address: P. O. BOX 491058
City-St-Zip: LEESBURG, FL 34749

Title: VD () Delete
Name: MORRISSETTE, MELODI C
Address: 3014 BELVEDERE LANE
City-St-Zip: BIRMINGHAM, AL 35242

Title: SD () Delete
Name: MORRISSETTE, MELODI C
Address: 3014 BELVEDERE LANE
City-St-Zip: BIRMINGHAM, AL 35242

Title: TD () Delete
Name: CONEY, L.C.
Address: P. O. BOX 491058
City-St-Zip: LEESBURG, FL 34749

Title: VS () Delete
Name: MORRISSETTE, MELODI C
Address: 3014 BELVEDERE LANE
City-St-Zip: BIRMINGHAM, AL 35242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETTYE S. CONEY

PD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date