

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2004 JUN -2 PM 2: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000004876

1. Entity Name
CONVOS INC.



Principal Place of Business
303 A1A BEACH BLVD.
ST. AUGUSTINE, FL 32080

Mailing Address
303 A1A BEACH BLVD.
ST. AUGUSTINE, FL 32080



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0033579

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, CHARLES E PD
77 ALMERIA ST
SAINT AUGUSTINE, FL 32084

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME DAGEVOS, BERNARD W.F.
STREET ADDRESS 34 LEE DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE VS
NAME DAGEVOS, CYNTHIA A
STREET ADDRESS 34 LEE DR
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100037666971
06/04/04--01038--010 **550.00

**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

Date _____

Daytime Phone # _____