

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000075550

1. Entity Name
THE CONRAD COMPANY OF LEON COUNTY



Principal Place of Business
7130 W. TENNESSEE ST.
TALLAHASSEE, FL 32304

Mailing Address
7130 W. TENNESSEE ST.
TALLAHASSEE, FL 32304

FILED

04 APR 29 AM 10:18

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

01-0742595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, RICHARD C
9203 MCDOUGAL COURT
TALLAHASSEE, FL 32312

Name

RICHARD C FOSTER

Street Address (P.O. Box Number is Not Acceptable)

3219 HORSESHOE TRAIL

City

TALLAHASSEE

FL

Zip Code

32312

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

Richard C Foster

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME FOSTER, RICHARD C
STREET ADDRESS 9203 MCDOUGAL COURT
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☒ Change ☐ Addition
NAME 3219 HORSESHOE TRAIL
STREET ADDRESS
CITY-ST-ZIP

TITLE VST ☐ Delete
NAME FOSTER, PATRICIA W
STREET ADDRESS 9203 MCDOUGAL COURT
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☒ Change ☐ Addition
NAME 3219 HORSESHOE TRAIL
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700035552757
STREET ADDRESS 05/06/04--01011--021 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 otherlike empowered.

SIGNATURE:

Richard C Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD C. FOSTER

4/29/04

Date

850-385-8882

Daytime Phone #