

# 2008 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  
2008 APR 30 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
01-0742595

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

FOSTER, RICHARD C  
3219 HORSESHOE TRAIL  
TALLAHASSEE, FL 32312

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME FOSTER, RICHARD C  
STREET ADDRESS 3219 HORSESHOE TRAIL  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D  
NAME FOSTER, PATRICIA W  
STREET ADDRESS 3219 HORSESHOE TRAIL  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600127252836  
04/30/08--01009--007 \*\*150.00

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: Richard C Foster (RICHARD C. FOSTER) 4/29/08 850-385-8882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #