

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90380 047 ***150.00

DOCUMENT # P03000066786 1. Entity Name CONSERFLOW, INC.					
Principal Place of Business 568 BAYWOOD DRIVE NORTH DUNEDIN, FL 34698			Mailing Address 568 BAYWOOD DRIVE NORTH DUNEDIN, FL 34698		
2. Principal Place of Business 371 ROBERTS RD Suite, Apt. #, etc.		3. Mailing Address 371 ROBERTS RD Suite, Apt. #, etc.			
City & State OLDSMAR FL		City & State OLDSMAR		4. FEI Number 830361736	
Zip 33677		Country PUERTO RICO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNT, TIMOTHY L 568 BAYWOOD DRIVE NORTH DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name LYONS, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 4144 57TH ST N. #270 KENNETH CITY City KENNETH CITY FL Zip Code 33709	
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 A. LYONS <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE 4-25-04	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNT, TIMOTHY L 568 BAYWOOD DRIVE NORTH DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYONS RICHARD A. 4144 57TH ST N. #270 KENNETH CITY FL 33709	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYONS, RICHARD A 4144 57TH STREET NORTH, #270 KENNETH CITY, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HUNT, TIMOTHY L 568 BAYWOOD DRIVE NORTH DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LYONS, RICHARD A 4144 57TH STREET NORTH, #270 KENNETH CITY, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: RICHARD A. LYONS			DATE 4-25-04 DAYTIME PHONE # 727 741 8247		