

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90007 016 \*\*\*150.00

**DOCUMENT # P03000121210**

1. Entity Name

RICHARD CONLEY'S HOME REPAIR & PAINTING, INC.



Principal Place of Business

4950 CARTER STREET  
PORT ST. JOHN FL 32927

Mailing Address

4950 CARTER STREET  
PORT ST. JOHN FL 32927

**54072227**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*30 021 9751*

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

CONLEY, RICHARD T  
4950 CARTER STREET  
PORT ST. JOHN FL 32927

Name

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

City

**FL**

Zip Code

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 T. Conley*

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CONLEY, RICHARD T	
STREET ADDRESS	4950 CARTER STREET	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	
TITLE	V	<input type="checkbox"/> Delete
NAME	PICKENS, PATRICK	
STREET ADDRESS	4950 CARTER STREET	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONLEY, MARK	
STREET ADDRESS	4950 CARTER STREET	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

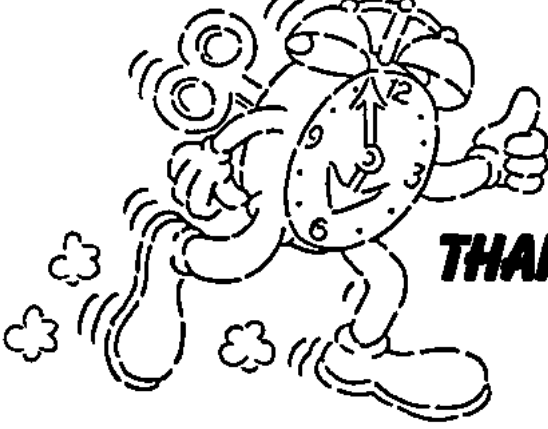
**SIGNATURE:**

*Richard Conley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



524072227  
#P03000121210

**THANKS FOR TAKING THE TIME TO HELP**

I was not aware of this procedure, and don't recall getting the form in the mail! This is all very new to me, and very expensive! Do appreciate any assistance afforded

Thank you  
Richard Conley