

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000013380	
1. Entity Name CONOVER SPECIALTY CONSULTING, INC.	



Principal Place of Business 615 FOREST LAKE DR LAKELAND FL 33809	Mailing Address 615 FOREST LAKE DR LAKELAND FL 33809
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 20-0667745		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CONOVER, RAY 615 FOREST LAKE DR LAKELAND FL 33809		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May E.**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE NAME	☐ Change ☐ Add
NAME CONOVER, RAY		NAME	
STREET ADDRESS 615 FOREST LAKE DR		STREET ADDRESS	
CITY - ST - ZIP LAKELAND FL 33809		CITY - ST - ZIP	
TITLE VP	☐ Delete	TITLE	☐ Change ☐ Add
NAME CONOVER, MARY		NAME	
STREET ADDRESS 615 FOREST LAKE DR		STREET ADDRESS	
CITY - ST - ZIP LAKELAND FL 33809		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ray Conover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/07

Date

863-559-2784

Daytime Phone if