

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-11-2005 90149 030 ***150.00

DOCUMENT # P04000056524 1. Entity Name EDWARD F. CONON, P.A.					
Principal Place of Business 3121 SW 192ND AVE MIRAMAR, FL 33029			Mailing Address 3121 SW 192ND AVE MIRAMAR, FL 33029		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 06-1721996	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR. MIAMI, FL 33145				7. Name and Address of New Registered Agent Name EDWARD F. CONON Street Address (P.O. Box Number is Not Acceptable) 3121 SW 192ND AVE. City MIRAMAR FL 33029	
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 EDWARD F. CONON P.A. Edy17Con DATE 4-25-05 Signature, typed or printed name of registered agent and fee if applicable. (If NO FE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD CONON, EDWARD F 3121 SW 192ND AVE MIRAMAR, FL 33029	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: Edy17Con DATE 4-8-05 954-441-6393 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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