

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90302 004 ***150.00

DOCUMENT # P05000137062

1. Entity Name
CONLEY LAND DIVISION INC



Principal Place of Business
**P O BOX 292001
TEMPLE TERRACE, FL 33687-2001 US**

Mailing Address
**P O BOX 292001
TEMPLE TERRACE, FL 33687-2001 US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State
Zip Country

4. FEI Number
20-3582555

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TESTA, PHILIP J SR
4726-B N LOIS AVE.
TAMPA, FL 33614**

7. Name and Address of New Registered Agent

Name
Theresa M. Cindrick

Street Address (P.O. Box Number is Not Acceptable)
6239 Savannah Breeze Ct #302

City
Tampa **FL** Zip Code
33625

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
Theresa M. Cindrick

DATE
04/01/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CONLEY, WILLIAM E
P O BOX 252001
TEMPLE TERRACE, FL 336872001**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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: *William E. Conley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
04/01/06

DAYTIME PHONE #
813-318-1291