

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90157 009 \*\*\*150.00

**DOCUMENT # P07398**

1. Entity Name

CONSERVATEK INDUSTRIES, INC.



Principal Place of Business

498 LOOP 336 E  
CONROE TX 77305

Mailing Address

P.O. BOX 1678  
CONROE TX 77305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-0121413**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **COB** ☐ Delete  
NAME **ALFONSO, LOPEZ**  
STREET ADDRESS **498 LOOP 336 E**  
CITY-ST-ZIP **CONROE TX**

TITLE **ST** ☐ Delete  
NAME **CAMPBELL, MS. EUGENIA H.**  
STREET ADDRESS **498 LOOP 336 E**  
CITY-ST-ZIP **CONROE TX**

TITLE **P** ☐ Delete  
NAME **BROWN, DON**  
STREET ADDRESS **498 LOOP 36 E**  
CITY-ST-ZIP **CONROE TX**

TITLE **V** ☐ Delete  
NAME **DUCOTEY, STEVEN**  
STREET ADDRESS **29 DOVER**  
CITY-ST-ZIP **CONROE TX**

TITLE **C** ☐ Delete  
NAME **METHA, RAJENDU**  
STREET ADDRESS **21306 PARKMILL LN**  
CITY-ST-ZIP **KATY TX**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V/P COO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P/CED** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Donald Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.05  
Date

936.539.1747  
Daytime Phone #