2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P31763

1. Entity Name
CONCANNON, MILLER & CO., P.C..

Principal Place of Business	Mailing Address
9800 FOURTH ST, NORTH STE 300 ST. PETERSBURG, FL 33702 US	9800 FOURTH ST, NORTH STE 300 ST. PETERSBURG, FL 33702 US

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2620120
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESTOCK, JOHN G., CPA
9800 FOURTH STREET NORTH, SUITE 300
ST. PETERSBURG, FL 33702

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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 _____ DATE
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OSTER, ROBERT
STREET ADDRESS	142 WEDGEWOOD RD
CITY-ST-ZIP	BETHLEHEM, PA 18017
TITLE	VD
NAME	MILLER, MICHAEL
STREET ADDRESS	1515 MARTIN LUTHER KING BLVD.
CITY-ST-ZIP	ALLENTOWN, PA 18102
TITLE	SD
NAME	HATZEL, E. BARRY
STREET ADDRESS	2045 WESTGATE DRIVE
CITY-ST-ZIP	LEHIGH VALLEY, PA 18002
TITLE	TD
NAME	ESTOCK, JOHN G.
STREET ADDRESS	1551 EXCALIBUR DRIVE
CITY-ST-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/05-80027-007 150.00

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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: _____ 4/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #