

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33243

Entity Name: CONOR, INC.

FILED
Mar 24, 2005
Secretary of State

Current Principal Place of Business:

C/O WALL
700 NE SAVANNA VISTA
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

C/O WALL
700 NE SAVANNA VISTA
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: 65-0237715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALL, NORBERT F.
700 NE SAVANNA VISTA
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

WALL, NORBERT F
700 NE SAVANNA VISTA
JENSEN BEACH, FL 34957 US

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.

SIGNATURE: NORBERT F WALL

03/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STARR, DAVID,
Address: 84 HONECK ST
City-St-Zip: ENGLEWOOD, NJ 07631

Title: PD () Delete
Name: WALL, NORBERT F.,
Address: 700 NE SAVANNA VISTA
City-St-Zip: JENSEN BEACH, FL 34957

Title: STD () Delete
Name: WALL, GAIL A.,
Address: 700 NE SAVANNA VISTA
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STARR, DAVID
Address: 84 HONECK ST
City-St-Zip: ENGLEWOOD, NJ 07631

Title: PD (X) Change () Addition
Name: WALL, NORBERT F
Address: 700 NE SAVANNA VISTA
City-St-Zip: JENSEN BEACH, FL 34957

Title: STD (X) Change () Addition
Name: WALL, GAIL A
Address: 700 NE SAVANNA VISTA
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL A WALL

STD

03/24/2005

Electronic Signature of Signing Officer or Director

Date