

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90009 046 ***150.00

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1. Entity Name

CONCAP CORP.



Principal Place of Business

550 BCH. RD.
320 JOHNS ISLAND
VERO BEACH FL 32963
US

Mailing Address

550 BEACH RD.
320 JOHNS ISLAND
VERO BEACH FL 32963
US

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

65-0385858

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

CALDWELL, WILLIAM W
756 BEACHLAND BLVD
VERO BEACH FL 32963

NAME BRIAN I CONROY
Street Address (P.O. Box Number is Not Acceptable)
550 BEACH RD #320

VERO BEACH, FL

ZIP 32963

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, REGINA C	
STREET ADDRESS	65 EAST 76TH ST APT 6B	
CITY-ST-ZIP	NEW YORK CITY NY 10021	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, WILLIAM J	
STREET ADDRESS	2 CLOVERLEAF FARM N	
CITY-ST-ZIP	SHERMAN CT 06784	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, JOHN L	
STREET ADDRESS	12 DOGWOOD LANE	
CITY-ST-ZIP	WESTON CT 06883	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, KEVIN P	
STREET ADDRESS	45 SOUTH BEACH DR	
CITY-ST-ZIP	WESTON CT 06883	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, CHRISTOPHER	
STREET ADDRESS	86 BLUFF AVE	
CITY-ST-ZIP	ROWAYTON FL 06853	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, BRIAN I	
STREET ADDRESS	550 BEACH RD #320	
CITY-ST-ZIP	VERO BEACH FL 32963	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

BRIAN I CONROY TREASURER 2/2/04

Date

772 234 8743

Daytime Phone #