

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90138 013 \*\*\*150.00



<b>DOCUMENT # P93000004154</b>			
1. Entity Name <b>CONCAP CORP.</b>			
Principal Place of Business <b>550 BCH. RD. 320 JOHNS ISLAND VERO BEACH FL 32963 US</b>		Mailing Address <b>550 BEACH RD. 320 JOHNS ISLAND VERO BEACH FL 32963 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CONROY, BRIAN I 550 BEACH RD #320 VERO BEACH FL 32963</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLER, REGINA C</b>	NAME	
STREET ADDRESS	<b>65 EAST 76TH ST APT 6B</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK CITY NY 10021</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONROY, WILLIAM J</b>	NAME	
STREET ADDRESS	<b>2 CLOVERLEAF FARM N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SHERMAN CT 06784</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONROY, JOHN L</b>	NAME	
STREET ADDRESS	<b>12 DOGWOOD LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON CT 06883</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONROY, KEVIN P</b>	NAME	
STREET ADDRESS	<b>45 SOUTH BEACH DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON CT 06883</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONROY, CHRISTOPHER</b>	NAME	<b>Conroy, Christopher</b>
STREET ADDRESS	<b>86 BLUFF AVE</b>	STREET ADDRESS	<b>105 Duane Street</b>
CITY-ST-ZIP	<b>ROWAYTON FL 06853</b>	CITY-ST-ZIP	<b>Apt 52F New York, N.Y. 10007</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONROY, BRIAN I</b>	NAME	
STREET ADDRESS	<b>550 BEACH RD #320</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	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)(f), 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: <i>[Signature]</i>		Date: <b>4.2.05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <b>7723216177</b>	



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0385858** Applied For  Not Applicable

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

**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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Conroy, Christopher</b>
STREET ADDRESS	<b>105 Duane Street</b>
CITY-ST-ZIP	<b>Apt 52F New York, N.Y. 10007</b>
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)(f), 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: *[Signature]* Date: **4.2.05** Daytime Phone #: **7723216177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR