

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90019 024 \*\*\*150.00

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02142007 Chg-P CR2E034 (12/06)

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

CONROY, BRIAN J  
550 BEACH RD #320  
VERO BEACH, FL 32963

## 7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00**

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	ROWAYTON, CO 06853	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, CHRISTOPHER	
STREET ADDRESS	105 DUANE STREET	
CITY-ST-ZIP	NEW YORK, NY 10007	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conroy, John L	
STREET ADDRESS	700 Beach Rd Apt 350	
CITY-ST-ZIP	VERO BEACH, FL 32963	
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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian I Conroy, Director