


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90003 049 ***150.00

DOCUMENT # P95000011531	
1. Entity Name CONQUEST TELECOM, INC.	

Principal Place of Business 2112 SUNNYDALE BLVD SUITE K CLEARWATER, FL 33765 US	Mailing Address 2112 SUNNYDALE BLVD SUITE K CLEARWATER, FL 33765 US
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2. Principal Place of Business - No P.O. Box # 5448 Stag Thicket Ln	3. Mailing Address 5448 Stag Thicket Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34685	Zip 34685
Country USA	Country USA



05082007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3299239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MONROE, MICHAEL E 2340 ANNA AVE CLEARWATER, FL 34625	7. Name and Address of New Registered Agent Name Michael E. Monroe Street Address (P.O. Box Number is Not Acceptable) 5448 Stag Thicket Ln City Palm Harbor, FL Zip Code 34685
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FRANZ, DOUGLAS M 720 BROOKER CREEK BOULEVARD SUITE 215 OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FRANZ, DOUGLAS M 5448 Stag Thicket Ln Palm Harbor, FL 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MONROE, MICHAEL 720 BROOKER CREEK BOULEVARD SUITE 215 OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP monroe, Michael 5448 Stag Thicket Ln Palm Harbor, FL 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Michael E. Monroe</u>	<u>Michael E. Monroe</u>	<u>6/4/07</u>	<u>727-446-8410</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #