

2004 FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 APR 23 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061973

1. Entity Name
CONCO, INC.



Principal Place of Business
3418 ENTERPRISE RD
FORT PIERCE, FL 34982

Mailing Address
3418 ENTERPRISE RD
FORT PIERCE, FL 34982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0600787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORTIER, NORMAN
473 PENINSULA DRIVE
FT PIERCE, FL 34946

7. Name and Address of New Registered Agent

Name
HENDREN, SCOTT

Street Address (P.O. Box Number is Not Acceptable)
3418 Enterprise Road

City
Ft. Pierce FL 34982

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

Scott Hendren

4/14/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME FORTIER, NORMAN
STREET ADDRESS 473 PENINSULA DRIVE
CITY-ST-ZIP FT PIERCE, FL 34946

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P ☐ Change ☒ Addition
NAME Hendren, Scott
STREET ADDRESS 745 Iris Lane
CITY-ST-ZIP Vero Beach, FL 32963

TITLE D/S/T ☐ Change ☒ Addition
NAME Hendren, Caren
STREET ADDRESS 920 Park Avenue, #15-C
CITY-ST-ZIP New York, NY 10028

TITLE ☐ Change ☐ Addition
NAME 500035724885
STREET ADDRESS 05/06/04--01073--019
CITY-ST-ZIP **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Scott Hendren, President

4/14/2004 (772) 633-3180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #