2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 05, 2006 8:00 am Secretary of State

| ANNUAL REPURI | | | | | Secretary of State | | | | | |
|--|---|--|-------------------------------|--|--|--------------------|-----------------|--------------|-------------------------|--|
| DOCUMENT # P95000061973 1. Entity Name CONCO, INC. | | | | | . 04-05-2006 90138 006 ***158.75 | | | | | |
| Principal Place of Business Mailing Address | | | | | . 011 | 1.30 | | | | |
| 3418 ENTERPRISE RD | | 3418 ENTERPRISE RD | 3418 ENTERPRISE RD | | 100420 | | | | | |
| | FL 34982 | | FORT PIERCE, FL 34982 | | | | | | | |
| | | | | · . | | | | | | |
| Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address | Suite, Apt. #, etc. | | | | | | | |
| City & State | | | City & State | | 03312006 | Chg-P | CR2E03 | 4 (11/05) | alta d Eas | |
| <u> </u> | | , | | 7 | 65-06007 | 787 | | | plied For Applicable | |
| Zip | Country | Zip | Country | 5 | 5. Certificate of | | | 8.75 Add | itional | |
| - | 6. Name and Address of Current | Registered Agent | | 7 | '. Name and A | ddress of New F | | | | |
| | | Name | | | | | | | | |
| HENDREN, SCOTT | | | | | | | | | | |
| 3418 ENTERPRISE ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| FIPIERC | E, FL 34982 | | | | | | | | | |
| | | | City | | , <u> </u> | | FL | Zip Code | 3 | |
| 8. The above | named entity submits this statement for | or the purpose of changing its | registered effice | intarad | | 1- A 1-51 | | <u> </u> | | |
| ille obligat | ions of registered agent. | ""; | registered office | or registered - | agent, or both, | in the State of Fi | onda. Tam ta | miliar with, | and accept | |
| | င်းကျွန်းကျန်းများရှိသော မြောက်ကျော်။ သောကျွန်းကြောင့် မြောက်ကျော်ကျော်။ | | | 9.00 | | | ٠ | 410.04 | | |
| SIGNATURE COURSE TO THE STATE OF THE STATE O | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | |
| | · - · · · · · · · · · · · · · · · · · · | | 1 . | | I | <u>.</u> | | | | |
| | OFFICERS AND | | 11. | | ADDITIONS/CH | ANGES TO OFF | ICERS AND | RECTORS | S IN 11 | |
| TITLE ' | HENDRÉN, SCOTT | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| STREET ADDRESS | 745 IRIS LANE | | NAME CYPTET ADDRESS | 1 | | | | | | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | | STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE | DST | | - | DST | | | | | | |
| NAME | HENDREN, CAREN | ☐ Delete | TITLE | HEND | REW, CA | RA) | ļ | Change 🔀 | ☐ Addition | |
| STREET ADDRESS | 920 PARK AVENUE, #15-C | | NAME Street address | 1112 | PARK A | VE - AP | r GA | | | |
| CITY-ST-ZIP | NEW YORK, NY 10028 | | CITY-ST-ZIP | NEW | | | - | | | |
| TITLE | 10020 | | - | new . | YOKIC, | 4.9. | 128 | | | |
| NAME | | ☐ Delete | TITLE | ļ | | | į | Change | ☐ Addition | |
| STREET ADDRESS | | | NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | |
| TITLE | | По | | | | | | | | |
| NAME | | ☐ Delete | TITLE NAME | 1 | | | | Change | ☐ Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | |
| TITLE | | □ Delete | TITLE | | | - | - | 7 0 | | |
| NAME | | □ Deicfit | NAME | | | | l | Change | Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | • | | | , | |
| TITLE | ra de trans | . Delete | TITLE | <u> </u> | · | | | Change | ☐ Addition | |
| NAME Z | ka Takut Tilling 🚉 🗀 🖂 | , 2 5000 | NAME | | , k | | · | _ challe | | |
| STREET ADDRESS | | | STREET ADDRESS | 1 | | | | | | |
| CITY-ST-ZIP | 2 water 2000 / 1. m/ X- | The state of the s | · CITY-ST-ZIP ~ . | ~ | en de la companya de La companya de la co | 100 | | | | |
| 12. I hereby o | ertify that the information supplied with | this filing does not qualify for | | contained in | Chanter 110 P | orida datutar I | further cortif | that the i- | formation | |
| indicatéd | on this report or supplemental report is | true and accurate and that m | y signature shall | have the sam | ne legal effect a | s if made under | oath; that I am | an officer | or director | |
| 12. I hereby certify that he information supplied with this filling does not qualify for the exemptions contained in Chapter 119 Provide Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurage and that my signature shall have the same legal effect as if node 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 who are address, with all other fike empowered. | | | | | | | | | | |
| | 1191 _ | • | | | | V | +7 | | . ! | |

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR