2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000037506

Entity Name
 STRONG/CONWAY, INC.

Principal Place of Business

1201 SOUTH ORLANDO AVENUE

SUITE 360

WINTER PARK, FL 32789

Mailing Address

1201 SOUTH ORLANDO AVENUE

SUITE 360

WINTER PARK, FL 32789

FILED

Jan 24, 2004 08:00 AM Secretary of State

No Chg-P

CR2E034 (10/03)

4.	FEI Number
	59-3453774

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name an	d Ad	dress of	Current	Registered	Agent

STRONG, DAVID C 1201 SOUTH ORLANDO AVENUE SUITE 360 WINTER PARK, FL 32789

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					at united	= :
8. The above the obligat	named entity submits this statement for the plants of registered agent.	surpose of changing its registere	d office or re	egistered agent, or bot	th, in the State of Florida. I am familiar w	ith, and accept
SIGNATURE_	Signature, typed or pretted name of registered agent and title i	if applicable. INOTE Registered	Agent signatura	raquired when reinstaling)	- DATE	· · · · · · · · · · · · · · · · · · ·
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONG, DAVID C 1201 SOUTH ORLANDO AVENUE WINTER PARK, FL 32789	TORS ,			U00000012551 01/26/04-80014-019	150 00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		***			81750704-00014-010	130.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CATY-ST-ZIP						
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12. It 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECT

Halosh

409 629-1800