2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000074282 1. Entity Name				Feb 24, 2004 08:00 AM Secretary of State
CONRATH GROUP, INC.				-
Principal Place of Business	Mailing Address	<u></u>		· · · · · · · · · · · · · · · · · · ·
3040 HIBISCUS DR W BELLEAIR BEACH FL 33786	3040 HIBISCŪS DR W BELLEAIR BEACH FL	33786		
2. Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				MOORE CR2E034 (11/03)
City & State City & State				4. FEI Number 59-3506971 Applied For Not Applicable
Z _I p Country	Zíp	Country	y	Certificate of Status Desired
6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
CONRATH, RICHARD C			Name	
3040 HIBISCUS DR W BELLEAIR BEACH FL 33786		-	Street Address (P.O. Box Number ss Not Acceptable)
		-	City	Zip Code
	No march de la companya de		· · · · · · · · · · · · · · · · · · ·	
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 agont and title if applicable (NOTE, Registered Agent signature required whon rollistating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D	☐ Detete	TITLE		☐ Change ☐ Addition
NAME WATSON, WILLIAM B III STREET ADDRESS 527 E UNIVERSITY AVENUE GITY-ST-ZIP GAINESVILLE FL 32601		name Street Caty - S	ADDRESS	000000064251 02/24/04-80005-014 150.00
SITY-ST-ZIP GAINESVILLE FL 32601	☐ Delete	TITLE	71 5%	Change Addition
NAME CONRATH, RICHARD C		NAME		·
STREET ADDRESS 3040 HIBISCUS DR WEST CITY-ST-ZIP BELLEAIR BEACH FL 33786		CITY -S	i address it-zip	_
TIFLE S	☐ Delete	TITLE	-	☐ Change ☐ Addition
NAME CONRATH, KARYN N STREST ADDRESS 3040 HIBISOUS DR WEST		NAME STREET	T ADDRESS	
CITY-ST-ZIP BELLEAIR BEACH FL 33786		CITY-S	}	
TIRE	☐ Delete	TITLE NAME		☐ Change ☐ Addition
NAME STREET ADORESS		3 .	T ADDRESS	
CHY-SI-ZIP		CITY-5	ST-ZIP	
NAME NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			ADDRESS	
CHY-ST-ZIP	☐ Delete	CHY-S TITLE	51-219	Change Addition
NAME	FT Deser	NAME		Er Granter
STREET AODRESS CITY-ST-ZIP		STREE City - 1	T ADDRESS	
	this filing does not qualify fo			ection 119.07(3)(), Florida Statutes. I further certify that the information
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 effective or trustee empowered.				

FILED