

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90136 032 \*\*\*150.00

<b>DOCUMENT # P97000074282</b> 1. Entity Name <b>CONRATH GROUP, INC.</b>					
Principal Place of Business <b>1585 PINELLAS BAYWAY, S TIERRA VERDE, FL 33715</b>			Mailing Address <b>1585 PINELLAS BAYWAY, S. TIERRA VERDE, FL 33715</b>		
2. Principal Place of Business - No P.O. Box # <b>5393 ELISEO ST.</b>		3. Mailing Address <b>5393 ELISEO ST.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>		4. FEI Number <b>59-3506971</b>	
Zip <b>34238</b>		Country <b>U.S.A.</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34238</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CONRATH, RICHARD C 1585 PINELLAS BAYWAY, S TIERRA VERDE, FL 33715</b>				7. Name and Address of New Registered Agent Name <b>CONRATH, RICHARD C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5393 ELISEO ST.</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34238</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WATSON, WILLIAM B III 527 E UNIVERSITY AVENUE GAINESVILLE, FL 32601</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CONRATH, RICHARD C 1585 PINELLAS BAYWAY, S TIERRA VERDE, FL 33715</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Richard C. Conrath (Richard C. CONRATH)</u> 3/31/07 <sup>(941)</sup> 924-9595					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					