2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State

ANNUAL KEPURT								Secretary of State					
DOCUMENT # P97000105757 1. Entity Name								^	03-28-200	_			
CONLÉY APPLIANCE SERVICE, INC.													
Principal Place of Business				Mailing Address									
14905 N. ROME AVE TAMPA, FL :33613			1	14905 N. ROME AVE TAMPA, FL 33613									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03242005	Chg-P	CR2	E034 (10/03))		
City & State			City & State			_		4. FEI Number Applied For 59-3483021 Not Applied			Applied For lot Applicable		
Zip	Country			Zip Coun				5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Regis	tered Agent				7. Name an	nd Address of N	ew Registere	d Agent		
CONLEY, FREDERICK O						Name							
14905 N ROME AVE TAMPA, FL 33613						Street Address (P.O. Box Number is Not Acce				otable)			
							City				FL Zip Code		
The above named entity submits this statement for the purpose of changing its registere											<u> </u>		
the obligat	ions of regist	tered agent.	and title	if applicable. (NOTE	: Registere	d Agent signati	ure required	when reinstating)		DAT	E	-	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution						icing		00 May Be ed to Fees					
10.	OFFICERS AND			DIRECTORS 11.				ADDITIONS	S/CHANGES TO	OFFICERS A	ND DIRECTOR	RS IN 11	
TITLE	D	C Delete									Change	☐ Addition	
name Street address		CONLEY, FREDERICK O NAM 7530 SHADYSIDE CIRCLE STR				e Et address	149	05 N.	Rome H	l ve	•		
CITY-ST-ZIP	·					-ST-ZIP		m El	Rom€ A . 33613	?			
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NAME					NAM								
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12. I heroby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-\$1-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

INTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICE OF

3-24-05

813-731-3125