

ANNUAL REPORT (AR)**DOCUMENT # P98000053991**

1. Entity Name

MICHAEL CONGER & ASSOCIATES, INC.



Principal Place of Business

2014 S.W. KASIM TERR
PORT ST LUCIE FL 34953

Mailing Address

2014 S.W. KASIM TERR
PORT ST LUCIE FL 34953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0838241

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONGER, MICHAEL
2014 S.W. KASIM TERR
PORT ST LUCIE FL 34953

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CONGER, MICHAEL
STREET ADDRESS 2014 S.W. KASIM TERR
CITY-ST-ZIP PORT ST LUCIE FL 34953NAME ☐ Change ☐ Addition
STREET ADDRESS U000000033614
CITY-ST-ZIP 02/05/04-80051-002 8.75TITLE S ☐ Delete
NAME MILLER, SHEILA
STREET ADDRESS 1716 SW DAY ST
CITY-ST-ZIP PORT SAINT LUCIE FL 34953NAME ☐ Change ☐ Addition
STREET ADDRESS U000000033614
CITY-ST-ZIP 02/05/04-80051-003 150.00TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

Sheila Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-02-04 772-871-9020

FILED
Feb 04, 2004 08:00 AM
Secretary of State

MOORE CR2E034 (11/03)