2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000053991

1. Entity Name

MICHAEL CONGER & ASSOCIATES, INC.



Jan 16, 2008 08:00 A Secretary of State

FILED

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



01132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0838241 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and A	Address	of Current	t Realstered	Agent

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

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				114	THO OF ACE
	named entity submits this statement for the pions of registered agent.	urpose of changing its re	gistered office or r	egistered agent, or bo	oth, in the State of Florida. I am lamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title fi	applicable. (NOTE: Ri	ogistored Agent signature	e required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-7IP	P CONGER, MICHAEL 2014 S.W. KASIM TERR PORT ST LUCIE, FL 34953				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, SHEILA 1950 S.E. 130 AVENUE MORRISTON, FL 32668				U00000786598 01/17/08-80046-018 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	
TITLE NAME STREET ADDRESS					

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 file empowered.

SIGNATURE:

CITY-ST-ZIP

Sheela Miller