


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90014 004 ***150.00

DOCUMENT # V16137	
1. Entity Name CONAP CORPORATION	

Principal Place of Business 1075 AIRPORT TERMINAL DRIVE DELAND, FL 32721 905 BISCAYNE BLVD	Mailing Address <i>PO BOX 529</i> 1075 AIRPORT TERMINAL DRIVE DELAND, FL 32721-0529
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3107167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SACKS, CATHY L 8027 PEBBLE CREEK LANE WEST PONTE VEDRA BEACH, FL 32082

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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)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NASS, ROBERT A. 125 LAUREL RIDGE RD. REINHOLDS, PA 17569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NASS, KERI L 125 LAUREL RIDGE RD. REINHOLDS, PA 17569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SACKS, CATHY 8027 PEBBLE CREEK LANE WEST PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SACKS, ROBERT W. 8027 PEBBLE CREEK LANE WEST PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>3-23-2005</i>	Daytime Phone # <i>386 740 7355</i>
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ROBERT A. NASS