

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 218287**  
 1. Entity Name  
**CONDON-MEEK, INC.**



Principal Place of Business      Mailing Address  
**1211 COURT ST**                      **1211 COURT ST**  
**CLEARWATER FL 33756-5897**      **CLEARWATER FL 33756-5897**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FEI Number **59-0863233**      Applied For  
 Not Applied

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

**MEEK, JOHN H JR**      Name  
**1211 CT ST**      Street Address (P.O. Box Number is Not Acceptable)  
**CLEARWATER FL 33756**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MEEK, JOHN H JR	NAME	
STREET ADDRESS	1211 COURT ST	STREET ADDRESS	000000473222
CITY-ST-ZIP	CLEARWATER FL 33756	CITY-ST-ZIP	03/31/06-80008-006 150.00
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MEEK SR., JOHN H.	NAME	
STREET ADDRESS	1211 COURT ST	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *[Handwritten Signature]*      3/16/06