## 2006 FOR PROFIT CORPORATIOA ANNUAL REPORT

## FILED Jan 25, 2006 08:00 AM **DOCUMENT #251819** 1. Entity Name **Secretary of State** KONDORS THRIFTWAY OF WINTER HAVEN, INC. Principal Place of Business Mailing Address 1308 MIRROR TERRACE NW 1308 MIRROR TERRACE NW WINTER HAVEN, FL 33881 US US WINTER HAVEN, FL 33881 No Chg-P CR2E034 (11/05) 01132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0944321 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KONDOR, JAMES O DO NOT WRITE 1308 MIRROR TERR NW WINTER HAVEN, FL 33881 IN THIS SPACE 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. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME KONDOR JAMES O STREET ADDRESS 1308 MIRROR TERR NW CITY-ST-ZIP WINTER HAVEN, FL 33881 U00000460320 02/01/06-80048-010 150.00 KONDOR, PHYLLIS E NAME STREET ADDRESS 1308 MIRROR TERR NW WINTER HAVEN, FL 33881 GITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date

Daytime Phone #