


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90033 019 \*\*\*150.00

<b>DOCUMENT # 547528</b> 1. Entity Name <b>JOHN P. CONDON, CORPORATION</b>	
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Principal Place of Business <b>194 TURTLE CIRCLE DR TEQUESTA FL 33469 US</b>	Mailing Address <b>194 TURTLE CIRCLE DR 194 TURTLE CREEK DRIVE TEQUESTA FL 33469 US</b>
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J4U41134



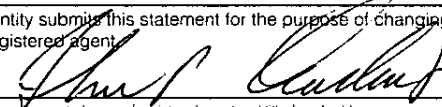
MOORE CR2E034 (11/03)

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 <b>59-1891223</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>CONDON, JOHN P JR 194 TURTLE CREEK DRIVE TEQUESTA FL 33469</b>
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 	DATE <b>1-30-04</b>
(NOTE: Registered Agent signature required when reinstating)	

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	CONDON JR, JOHN P.
STREET ADDRESS	194 TURTLE CREEK DRIVE
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CONDON, PETER J.
STREET ADDRESS	10263 GRADY BLVD. N. #1915
CITY-ST-ZIP	SAINT PETERSBURG FL 33702
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CONDON, CHRISTINE A
STREET ADDRESS	3355 ELAINE LANE #1011
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	VD <input type="checkbox"/> Delete
NAME	CONDON, CHRISTA M
STREET ADDRESS	194 TURTLE CREEK DRIVE
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CONDON, CHRISTINA A
STREET ADDRESS	32244
CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Condon, Peter J.
STREET ADDRESS	6601 Elliot Drive
CITY-ST-ZIP	Tampa, FL 33615
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Condon, Christine A
STREET ADDRESS	7202 Fire Points Circle #204
CITY-ST-ZIP	Tampa, FL 33634
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	John P. Condon Jr.	1/30/04	561-595-2928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
Treasurer			