


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90017 049 ***150.00

DOCUMENT # 547528		
1. Entity Name JOHN P. CONDON, CORPORATION		

Principal Place of Business 6601 ELLIOT DR TAMPA FL 33615 US	Mailing Address 6601 ELLIOT DR TAMPA FL 33615 US
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2. Principal Place of Business 60 SUMMERWINDS LANE	3. Mailing Address 60 SUMMERWINDS LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Oldsmar, FL	City & State Oldsmar, FL
Zip 34677	Zip 34677
Country USA	Country USA

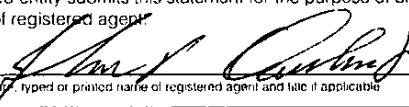
4. FEI Number 59-1891223	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CONDON, JOHN P JR 6601 ELLIOT DRIVE TAMPA FL 33615
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7. Name and Address of New Registered Agent	
Name John P. Condon Jr	
Street Address (P.O. Box Number is Not Acceptable) 60 SUMMERWINDS LANE	
City Oldsmar	FL Zip Code 34677

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 	John P. Condon Jr	DATE 2-13-06
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FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	PTD <input type="checkbox"/> Delete CONDON JR, JOHN P. 194 TURTLE CREEK DRIVE TEQUESTA FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete CONDON, PETER J. 6601 ELLIOT DR. TAMPA FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CONDON, CHARISTINE A 7202 FIRE POINTE CIRCL, #204 TAMPA FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Condon Jr, John P. 60 SUMMERWINDS LANE Oldsmar, FL - 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 	President/Treasurer	DATE 2/13/06	Daytime Phone # 727-785-3094
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