

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90022 029 ***150.00



DOCUMENT # 628781
 1. Entity Name
THE CONDO STORE, INC.

Principal Place of Business
**222 W. COMSTOCK ST.
 STE 115
 WINTER PARK, FL 32789**

Mailing Address
**P.O. BOX #41
 WINTER PARK, FL 32790**

40048556

2. Principal Place of Business - No P.O. Box #
4700 Millenia Blvd

3. Mailing Address
6033 LEXINGTON PARK

Suite, Apt. #, etc.
175

Suite, Apt. #, etc.

03132008 Chg-P CR2E034 (12/06)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-1923674

Applied For
 Not Applicable

Zip
32839-6015

Country
USA

Zip
32819

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HEWITT, JAMES T.
 1664 BARCELONA WAY
 WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6033 Lexington Park

City **Orlando** FL Zip Code **32819**

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: *[Signature]* **President** DATE: **3/15/08**

Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	HEWITT, JAMES T.	
STREET ADDRESS	6033 LEXINGTON PARK	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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 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: *[Signature]* **President** DATE: **3/15/08** 407-302-3348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR