

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012049

FILED
Apr 23, 2009
Secretary of State

Entity Name: CONDES WAY INC.

Current Principal Place of Business:

8466 FORT THOMAS WAY
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

8466 FORT THOMAS WAY
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 33-1126762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONDE SR., KENNETH
Address: 8466 FORT THOMAS WAY
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: CONDE SR., KENNETH
Address: 8466 FORT THOMAS WAY
City-St-Zip: ORLANDO, FL 32822

Title: V () Delete
Name: CONDE, THERESA M
Address: 8466 FORT THOMAS WAY
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: CONDE, THERESA M
Address: 8466 FORT THOMAS WAY
City-St-Zip: ORLANDO, FL 32822

Title: S () Delete
Name: CONDE, KIMBERLY
Address: 8466 FORT THOMAS WAY
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: CONDE, KIMBERLY
Address: 8466 FORT THOMAS WAY
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH CONDE SR

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date