## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Secretary of State 01-23-2004 90034 019 \*\*\*150.00 **DOCUMENT # P02000068183** 1. Entity Name CONDOR SOLUTIONS, INC. 33000004 Principal Place of Business Mailing Address 3323 COBBS COURT 3323 COBBS COURT PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FELNumber **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BUSH, ROBERT** Street Address (P.O. Box Number is Not Acceptable) 3323 COBBS COURT PALM HARBOR, FL 34684 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be '-FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11., TITLE TITLE Change Addition Delete BUSH, GAIL NAME NAME STREET ADDRESS 3323 COBBS COURT STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 CITY-ST-ZIP ☐ Defete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 23, 2004 8:00 am

Daytime Phone (