


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90010 024 ***150.00

DOCUMENT # P02000068183 1. Entity Name CONDOR SOLUTIONS, INC.					
Principal Place of Business 3323 COBBS COURT PALM HARBOR FL 34684				Mailing Address 3323 COBBS COURT PALM HARBOR FL 34684	
2. Principal Place of Business - No P.O. Box # 3323 COBBS CT.		3. Mailing Address 3323 COBBS CT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PALM HARBOR FL.		City & State PALM HARBOR FL.		4. FEI Number NO-T APPLICABLE	
Zip 34684		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSH, ROBERT 3323 COBBS COURT PALM HARBOR FL 34684		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, type, and name of the person filing this statement (NOTE: Registered Agent signature not used when not applicable) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P BUSH, GAIL 3323 COBBS COURT PALM HARBOR FL 34684		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	
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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: Robert Bush **ROBERT BUSH** 1-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #