

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091416

FILED
Jan 19, 2005
Secretary of State

Entity Name: CONDELLO PROVISIONS, INC.

Current Principal Place of Business:

9590 SW 19TH AVE RD
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

9590 SW 19TH AVE RD
OCALA, FL 34476

New Mailing Address:

FEI Number: 54-2122129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, GARY C
121 NW THIRD STREET
OCALA, FL 34475 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONLEY, CLAUDE JR
Address: 9590 SW 19TH AVE RD
City-St-Zip: OCALA, FL 34476

Title: V () Delete
Name: CONLEY, MILDRED
Address: 95904 1 EXS AVE RD
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: CONLEY, MILDRED
Address: 9590 SW 19TH AVE RD
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE CONLEY

P

01/19/2005

Electronic Signature of Signing Officer or Director

Date