2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# P03000091416

Entity Name: CONDELLO PROVISIONS, INC.

Current Principal Place of Business:

6355 SW 38TH ST
OCALA, FL 34474

New Principal Place of Business:

311-B NE 9TH STREET
OCALA, FL 34470

Current Mailing Address:

PO BOX 770921
OCALA, FL 34477

New Mailing Address:

PO BOX 2376
OCALA, FL 34478

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY WEBSTER MRS. 02/10/2009

Electronic Signature of Signing Officer or Director Date