

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000091416

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** CONDELLO PROVISIONS, INC.

**Current Principal Place of Business:**

311-B NE 9TH STREET  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2376  
OCALA, FL 34478

**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:**

CONLEY, CLAUDE  
9590 SW 19TH AVE RD  
OCALA, FL 34478= US

**Name and Address of New Registered Agent:**

CONLEY, CLAUDE  
9590 SW 19TH AVE RD  
OCALA, FL 34478 US

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:** CLAUDE CONLEY

04/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CONLEY, CLAUDE JR  
**Address:** 9590 SW 19TH AVE RD  
**City-St-Zip:** Ocala, FL 34476

**Title:** V  
**Name:** CONLEY, MILDRED  
**Address:** 9590 SW 19TH AVE RD  
**City-St-Zip:** Ocala, FL 34476

I hereby 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 all other like empowered.

**SIGNATURE:** CLAUDE CONLEY

P

04/05/2012

Electronic Signature of Signing Officer or Director

Date