

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25986

FILED
Apr 22, 2004
Secretary of State

Entity Name: CONDON JEWELERS, INC.

Current Principal Place of Business:

1390 NW FED. HWY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1390 NW FEDERAL HWY
STUART, FL 34994

New Mailing Address:

FEI Number: 39-1079011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDON, TODD
3348 N.W. FEDERAL HWY.
JENSEN BEACH, FL 349574404 US

Name and Address of New Registered Agent:

CONDON, TODD
1390 NW FEDERAL HIGHWAY
STUART, FL 34994 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: TODD CONDON

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CONDON, GERALD F
Address: 4624 S.E. WILLIAMS WAY
City-St-Zip: STUART, FL 34994

Title: VP () Delete
Name: CONDON, TODD J
Address: 256 S.W. CRESCENT AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: S () Delete
Name: CONDON, LYNN
Address: 4624 S.E. WILLIAMS WAY
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CONDON, GERALD F
Address: 2221 SE MONTROSE LANE
City-St-Zip: PORT ST LUCIE, FL 34952

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

Title: S (X) Change () Addition
Name: CONDON, LYNN
Address: 2221 SE MONTROSE LANE
City-St-Zip: PORT ST LUCIE, FL 34952

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: TODD CONDON

VP

04/22/2004

Electronic Signature of Signing Officer or Director

Date