## 2005 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

## Mar 10, 2005 8:00 am Secretary of State DOCUMENT # P96000048518 1. Entity Name 03-10-2005 90131 004 \*\*\*150.00 CONDRAY ENTERPRISES INC. Mailing Address Principal Place of Business 1855 OAK BERRY CIRCLE WELLINGTON FL 33414 1855 OAK BERRY CIRCLE WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address 18329 5.W. 73 LOUP 18329 S.W. Suite, Apt, #, etc 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 65-0674191 DUNNELLON, FL DUNNELLON. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required U.S. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONDRAY, JOHN Street Address (P.O. Box Number is Not Acceptable) 18329 5. (u). 73 2 4 4 00 P 1855 OAK BERRY CIR WELLINGTON FL/33414 City DUNNellON 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE CONDRAY, JACQUELINE NAME NAME 18329 S.W. 73 LOOP 1855 OAK BERRY CIR STREET ADDRESS STREET ADDRESS DUNNellon, FL 34432 WELLINGTON FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition □ Delete TITLE TITLE CONDRAY, JOHN NAME NAME 18329 S.W. 73Rd LUDP 1855 OAKBERRY CIR STREET ADDRESS STREET ADDRESS DUNNELLON, FL 34432 CITY-ST-ZIP WELLINGTON FL CITY-ST-ZIP ■ Addition TITLE ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED