

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90021 039 ***150.00

DOCUMENT # P99000003646

1. Entity Name
GOLCONDA FINE ART, INC.



Principal Place of Business
**11606 COLUMBIA PARK DR. EAST
JACKSONVILLE, FL 32258**

Mailing Address
**12538 WOODHOLLOW CT.
JACKSONVILLE, FL 32258**

24023862



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3553845

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRITES, WILSON
12538 WOODHOLLOW CT
JACKSONVILLE, FL 32258**

**DO NOT WRITE
IN THIS SPACE**

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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRITES, WILSON
STREET ADDRESS	12538 WOODHOLLOW CT
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	VP
NAME	CRITES, MITCHELL
STREET ADDRESS	12538 WOODHOLLOW CT
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	ST
NAME	CRITES, MARTY
STREET ADDRESS	12538 WOODHOLLOW CT
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Wilson Crites
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04
Date

904-888-7698
Daytime Phone #