
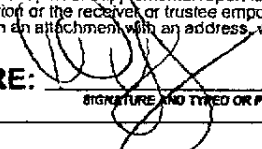


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRITES, WILSON 12538 WOODHOLLOW CT JACKSONVILLE, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRITES, MITCHELL 12538 WOODHOLLOW CT JACKSONVILLE, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRITES, MARTY 12538 WOODHOLLOW CT JACKSONVILLE, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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)		Date 2-17-06 Daytime Phone # 904-860-8038



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3553845

Applied For
Not Applicable

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

110000443743
03/06/06-80024-016 150.00

**DO NOT WRITE
IN THIS SPACE**