


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # V41052 1. Entity Name J. A. CONDON & ASSOCIATES, INC.	
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Principal Place of Business 10211 WEST SAMPLE ROAD SUIT E207 CORAL SPRINGS, FL 33065 US	Mailing Address 10211 WEST SAMPLE ROAD SUITE 207 CORAL SPRINGS, FL 33065 US
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0343848	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YANOVIK, JOHN J
10211 WEST SAMPLE ROAD
SUITE 207
CORAL SPRINGS, FL 33065

**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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

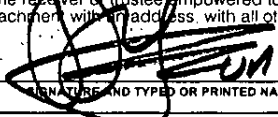
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANOVIK, MARY ANN 10211 W. SAMPLE ROAD CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANOVIK, JOHN J. 10211 W. SAMPLE ROAD CORAL SPRINGS, FL
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04/18/08-80047-008 158.75

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:  **John J. Yanoviak, Director** 4/3/08 954.344.4814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #