

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J96305

Entity Name: ENTOCON, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

110 LAKEFRONT CT NE.  
LAKE PLACID, FL 33852 US

## New Principal Place of Business:

703 CHELSEE WAY  
LAKE PLACID, FL 33852 US

## Current Mailing Address:

110 LAKEFRONT CT NE.  
LAKE PLACID, FL 33852 US

## New Mailing Address:

703 CHELSEE WAY  
LAKE PLACID, FL 33852 US

FEI Number: 65-0009556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REMICK, DEAN  
110 LAKEFRONT COURT N.E.  
LAKE PLACID, FL 33852 US

## Name and Address of New Registered Agent:

REMICK, DEAN  
703 CHELSEE WAY  
LAKE PLACID, FL 33852 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:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: REMICK, DEAN,  
Address: 110 LAKEFRONT COURT N.E.  
City-St-Zip: LAKE PLACID, FL 33852

Title: SD ( ) Delete  
Name: REMICK, PATTI,  
Address: 110 LAKEFRONT COURT N.E.  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: REMICK, DEAN,  
Address: 703 CHELSEE WAY  
City-St-Zip: LAKE PLACID, FL 33852

Title: SD (X) Change ( ) Addition  
Name: REMICK, PATTI,  
Address: 703 CHELSEE WAY  
City-St-Zip: LAKE PLACID, FL 33852

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: DEAN REMICK

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date