

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90234 018 ***150.00

DOCUMENT # P03000016535

1. Entity Name
ARCON ARCHITECTURE & CONSTRUCTION, INC.



Principal Place of Business
11497 COLUMBIA PARK DRIVE WEST
SUITE 1
JACKSONVILLE, FL 32258

Mailing Address
11497 COLUMBIA PARK DRIVE WEST
SUITE 1
JACKSONVILLE, FL 32258

2. Principal Place of Business - No P.O. Box #
10365 Hood Road South

3. Mailing Address
10365 Hood Road South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 208

Unit 208

City & State

City & State

Jacksonville, Florida

Jacksonville, Florida

Zip **32257**

Country **USA**

Zip **32257**

Country **USA**

04232007

Chg-P

CR2E034 (12/06)

4. FEI Number
14-1871174

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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-STATE-ZIP
PSTD
BAGDONAS, MICHAEL A ☐ Delete
6636 COLUMBIA PARK DR STE 3
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
SLOAN, SCOTT A ☐ Delete
6636 COLUMBIA PARK DR STE 3
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☒ Change ☐ Addition
10365 Hood Road S Unit 208
Jacksonville, Florida 32257

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☒ Change ☐ Addition
10365 Hood Road South Unit 208
Jacksonville, Florida 32257

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CITY-STATE-ZIP
☐ Change ☐ Addition

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:

Michael A. Bagdonas 4-25-07 904-2608605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #