2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

Jul 06, 2004 8:00 am Secretary of State DOCUMENT # P03000074730 07-06-2004 90005 033 ***158.75 1. Entity Name TRI-CON POWER GROUP, INC. Principal Place of Business Mailing Address 54059968 1031 W, MORSE BLVD. 1031 W. MORSE BLVD. SUITE 170 SUITE 170 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 06302004 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 57-1178189 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LYON, V. FREDERIC Street Address (P.O. Box Number is Not Acceptable) 1031 W. MORSE BLVD. **SUITE 170** WINTER PARK, FL 32789 City Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution, Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE N Change ☐ Addition LYON, V. FREDERIC LYONS, V. FREDERIC NAME NAME 1031 W. MORSE BWD. 1031 W. MORSE BLVD. STREET ADDRESS STREET ADDRESS PARK IFL 32789 CITY-ST-7IP WINTER PARK, FL 32789 CITY-ST-ZIP NINTER TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Morse Blug. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT1 F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 alternative like empowered.

FILED

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