2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 25, 2008
Secretary of State

DOCUMENT# P05000048104

Entity Name: TRI-CON INC.

Current Principal Place of Business:

2560-2 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 12847
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 16-1725988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGER, KRISTI
2560-2 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MGR ( ) Delete
Name: LEGER, KRISTI
Address: 3607 MOSSY CREEK
City-St-Zip: TALLAHASSEE, FL 32311

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: LEGER, ROBERT
Address: 3607 MOSSY CREEK
City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KRISTI LEGER MGR 08/25/2008

Electronic Signature of Signing Officer or Director Date