

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J96305

**Entity Name:** ENTOCON, INC.

**Current Principal Place of Business:**

917 WEST MAIN STREET  
AVON PARK, FL 33825

**Current Mailing Address:**

3056 CALLIOPE DRIVE  
AVON PARK, FL 33825 US

**FEI Number:** 65-0009556

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REMICK, DEAN PD  
3056 COLLIOPE DRIVE  
AVON PARK, FL 33825 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	PD	Title	VP
Name	REMICK, DEAN	Name	REMICK, ROBERT D
Address	3056 CALLIOPE DRIVE	Address	917 WEST MAIN STREET
City-State-Zip:	AVON PARK FL 33825	City-State-Zip:	AVON PARK FL 33825

*I hereby 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 all other like empowered.*

**SIGNATURE:** DEAN REMICK

**PRESIDENT**

**02/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date