

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V12330

**Entity Name:** THE VELCON GROUP, INC.**Current Principal Place of Business:**702 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34953**Current Mailing Address:**702 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34953**FEI Number:** 65-0314453**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VELASCO, ERNESTO  
702 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34953 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	P
Name	VELASCO, ERNESTO
Address	702 S.W. PORT ST. LUCIE BLVD.
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	S
Name	VELASCO, NEDRA
Address	702 S.W. PORT ST. LUCIE BLVD.
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	VP
Name	KEMERSON, ROBERT F
Address	702 S.W. PORT SAINT LUCIE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	D
Name	PORCH, C EDWARD
Address	702 S.W. PORT ST. LUCIE BLVD.
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	VP
Name	RODGERS, MARVIN R
Address	702 SW PORT ST. LUCIE BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34953

*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:** ERNESTO VELASCO**PRESIDENT****01/15/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date