2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# 453600

Entity Name: STA-CON INCORPORATED

Current Principal Place of Business:

2525 SOUTH ORANGE BLOSOM TRAIL
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2525 SOUTH ORANGE BLOSOM TRAIL
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-1531142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCARTNEY, MARK S
1825 LOST PINE LN
APOPKA, FL 32712 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: GALLAGHER, JAMES E.
Address: 1263 SYDNEY CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: GALLAGHER, PHILIP D
Address: 2045 HOWELL BRANCH RD
City-St-Zip: MAITLAND, FL 32751

Title: PD ( ) Delete
Name: MCCARTNEY, MARK S
Address: 1825 LOST PINE LN
City-St-Zip: APOPKA, FL

Title: S ( ) Delete
Name: ADAMS, DEBRA
Address: 1263 SYDNEY CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBRA ADAMS S 01/04/2005

Electronic Signature of Signing Officer or Director — Date