


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 585078 1. Entity Name NATCON, INCORPORATED	
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Principal Place of Business 4360 NORTH FEDERAL HWY FT. LAUDERDALE, FL 33308 US	Mailing Address 4360 NORTH FEDERAL HWY FT. LAUDERDALE, FL 33308 US
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02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1862948	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent NORMAN, JAMES M /% HOLLAND & KNIGHT ONE EAST BROWARD BLVD., #1300 FT. LAUDERDALE, FL 33301
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENBERG, ALLAN J. 4360 N. FEDERAL HWY FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WARONOFF, MARVIN 4360 N. FEDERAL HWY FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/21/06 80004-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/06 954 4914260
Date Daytime Phone #