

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # 698197

1. Entity Name
REBCON CORPORATION



Principal Place of Business
PO BOX 220
FLAGLER BCH, FL 32136 US

Mailing Address
PO BOX 220
FLAGLER BCH, FL 32136 US



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2119518

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARTHUR M. BARR
2628 S. CENTRAL AVE.
FLAGLER BCH., FL 32136**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	BARR, ARTHUR M.
STREET ADDRESS	2628 S. CENTRAL AVE.
CITY-ST-ZIP	FLAGLER BEACH, FL
TITLE	ST
NAME	BARR, GAIL
STREET ADDRESS	2628 S. CENTRAL AVENUE
CITY-ST-ZIP	FLAGLER BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/23/05-80001-007 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: ARTHUR M. BARR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-05 336-487-2405

Date

Daytime Phone #