

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90226 009 ***150.00

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

BARR, ARTHUR M.

Street Address (P.O. Box Number is Not Acceptable)

42 SLEEPY HOLLOW TRAIL

City

PALM COAST

FL

Zip Code
32164

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ST
NAME BARR, GAIL
STREET ADDRESS 2628 S. CENTRAL AVENUE
CITY-ST-ZIP FLAGLER BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PC
NAME BARR, ARTHUR M.
STREET ADDRESS 42 SLEEPY HOLLOW TRAIL
CITY-ST-ZIP PALM COAST, FL 32164 ☒ Change ☐ Addition

TITLE ST
NAME BARR, GAIL
STREET ADDRESS 42 SLEEPY HOLLOW TRAIL
CITY-ST-ZIP PALM COAST, FL 32164 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

ARTHUR M. BARR Pres.

4.21.06 386.437.2405

Date

Daytime Phone #