

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002764

1. Entity Name
DELECON, INC.



Principal Place of Business
**324 S. EVANS ST.
GREENVILLE, NC 27835**

Mailing Address
**324 S. EVANS ST.
GREENVILLE, NC 27835**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2194769

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMITH, D. KERMIT P.E. 324 S. EVANS ST. GREENVILLE, NC 27835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROY, MARK S P.E. 324 S. EVANS ST. GREENVILLE, NC 27835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ADAMS, ROBERT M P.E. 324 S. EVANS ST. GREENVILLE, NC 27835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHOURY, ANTOINE E P.E. 324 S. EVANS ST. GREENVILLE, NC 27835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RICHARD E 324 S. EVANS ST. GREENVILLE, NC 27835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHTER, J. MARTIN 324 S. EVANS ST. GREENVILLE, NC 27835

U00000007405
01/20/04-80021-023 150.00

**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)(f), 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Mark S. Roy, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-04

252-551-7615

Date

Daytime Phone #