

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002559

Entity Name: STRESS-CON INDUSTRIES, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

50500 DESIGN LANE  
SHELBY TOWNSHIP, MI 48315

## New Principal Place of Business:

## Current Mailing Address:

50500 DESIGN LANE  
SHELBY TOWNSHIP, MI 48315

## New Mailing Address:

FEI Number: 38-3009304

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ZAPCZYNSKI, NORMAN  
22973 SHADY KNOLL DR  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

ZAPCZYNSKI, NORMAN  
10964 BAYSHORE DRIVE  
WINDERMERE, FL 34786 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: DECLERK, DENNIS  
Address: 50500 DESIGN LANE  
City-St-Zip: SHELBY TOWNSHIP, MI 48315

Title: VCVP ( ) Delete  
Name: ZAPCZYNSKI, KENNETH  
Address: 50500 DESIGN LANE  
City-St-Zip: SHELBY TOWNSHIP, MI 48315

Title: DST ( ) Delete  
Name: ZAPCZYNSKI, NORMAN  
Address: 22973 SHADY KNOLL DR  
City-St-Zip: BONITA SPRINGS, FL 34135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (X) Change ( ) Addition  
Name: ZAPCZYNSKI, NORMAN  
Address: 10964 BAYSHORE DRIVE  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DENNIS DECLERK

CP

04/20/2009

Electronic Signature of Signing Officer or Director

Date