

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002670

Entity Name: ESCON AMERICA INC.

FILED  
Feb 18, 2012  
Secretary of State

**Current Principal Place of Business:**

1391 NW ST. LUCIE WEST BLVD.  
#126  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

1391 NW ST. LUCIE WEST BLVD.  
#126  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 99-0367022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHULZE, BERND C DR.  
1391 NW ST. LUCIE WEST BLVD  
#126  
PORT SAINT LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CDPT  
Name: SCHULZE, BERND C DR.  
Address: 1391 NW ST. LUCIE WEST BLVD., #126  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VCDS  
Name: TZSCHAETZSCH, OLIVER  
Address: 1391 NW ST. LUCIE WEST BLVD., #126  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: OLIVER TZSCHAETZSCH

VCDS

02/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date