

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000005738**

1. Entity Name  
**DYCON CORPORATION OF MARYLAND**



Principal Place of Business  
P.O. BOX 28265  
PANAMA CITY, FL 32411-8265 US

Mailing Address  
P.O. BOX 28265  
PANAMA CITY, FL 32411-8265 US

**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**52-0914604**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STROHM, THOMAS P**  
P.O. BOX 28265  
626 AMBER JACK DR  
PANAMA CITY, FL 32411

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DT
NAME	NELSON, THOMAS L
STREET ADDRESS	40 GLENBROOK DR.
CITY-ST-ZIP	PHOENIX, MD 21131
TITLE	PD
NAME	STROHM, THOMAS A
STREET ADDRESS	PO BOX 27997 - 626 AMBERJACK DR.
CITY-ST-ZIP	PANAMA CITY, FL 324117997
TITLE	VSD
NAME	KEKICH, DAVID A
STREET ADDRESS	3400 AVE OF THE ARTS, F 415
CITY-ST-ZIP	COSTA MESA, CA 92626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/30/07-80004-008 150.00

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

Date

Daytime Phone #

*Thomas A. Strohm, President*  
4/16/07 850-230-8254