2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 23, 2005 08:00 AM DOCUMENT # J20967 **Secretary of State** 1. Entity Name GEN-CON, INC. -Principal Place of Business Mailing Address PO BOX 5221 PO BOX 5221 1839 SUZANNE LANE LAKELAND, FL 33813 US LAKELAND, FL 33807 03212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2691490 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERRIN, EDWARD M DO NOT WRITE 1839 SUZANNE LANE LAKELAND, FL 33813 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 4 applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000273068 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/23/05-80013-023 150.00 OFFICERS AND DIRECTORS 10. D TITLE HERRIN, EDWARD M. NAME 1839 SUZANNE LANE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby cortify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 light empowered.

GNAG OFFICER OF DIRECTOR

FILED