2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 19, 2007 08:00 AM DOCUMENT # J20967 **Secretary of State** 1. Entity Name GEN-CON, INC. Principal Place of Business Mailing Address PO BOX 5221 1839 SUZANNE LANE PO BOX 5221 LAKELAND, FL 33813 LAKELAND, FL 33807 01172007 No Chg-P CR2E034 (11/05) 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000592872 \Box Trust Fund Contribution. Added to Fees 01/22/07-80009-002 150.00 OFFICERS AND DIRECTORS 10. THILE HERRIN, EDWARD M. NAME STREET ADDRESS 1839 SUZANNE LANE CITY-ST-ZIP LAKELAND, FL 33813 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 intrustee 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP