



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90080 016 ***150.00

DOCUMENT # K44722 1. Entity Name FORCON PRECISION PRODUCTS INC.			
Principal Place of Business C/O SCOTT TOMS 1110 PINE ISLAND RD., #28 CAPE CORAL, FL 33909 US		Mailing Address C/O SCOTT TOMS 1110 PINE ISLAND RD., #28 CAPE CORAL, FL 33909 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		50008335 	
		01192005 Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0080263	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGUSLAWSKI, HENRY 1110 PINE ISLAND ROAD, #28 #28 CAPE CORAL, FL 33909		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P SCOTT TOMS <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SCOTT TOMS	NAME	
STREET ADDRESS	1110 PINE ISLAND ROAD, #28	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PAUL SAALMULLER	NAME	
STREET ADDRESS	1110 PINE ISLAND ROAD, #28	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BOGUSLAWSKI, HENRY	NAME	
STREET ADDRESS	1110 PINE ISLAND RD., #28	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33909	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 like empowered.			
SIGNATURE: <i>Henry Boguslawski</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date HENRY BOGUSLAWSKI / 9415744543 <small>Date Daytime Phone #</small>	