

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90091 023 ***150.00

DOCUMENT # L39917

1. Entity Name

CONCON CORPORATION



Principal Place of Business

2137 W. MARTIN LUTHER KING
TAMPA FL 33607

Mailing Address

302 N. DALE MABRY HIGHWAY
TAMPA FL 33609

24004528



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3006838

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, FRANCISCO
302 N. DALE MABRY HIGHWAY
TAMPA FL 33609

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BERGES, EDDY	
STREET ADDRESS	6101 WEBB RD., STE. #307	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVE, NARESH B	
STREET ADDRESS	701 DR. MARTIN LUTHER DR.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELUCIA, EUGENE	
STREET ADDRESS	4543 MANHATTAN AVE.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, JESUS	
STREET ADDRESS	4507 N. ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, FRANCISCO M	
STREET ADDRESS	302 N. DALE MABRY HIGHWAY	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 1/22/04 813-823-2663