

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L98380

Entity Name: CON-SUR, INC.

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

4413 OLD EAGLE LK. RD
EAGLE LAKE, FL 33830

New Principal Place of Business:

4413 OLD EAGLE LK. RD
BARTOW, FL 33830

Current Mailing Address:

P.O. BOX 847
EAGLE LK., FL 33839

New Mailing Address:

FEI Number: 59-3024104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUGHN, RICHARD E.
255 MAGNOLIA AVE.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCVAY, BRUCE G.,
Address: 4413 OLD EAGLE LAKE RD.
City-St-Zip: BARTOW, FL

Title: D () Delete
Name: MCVAY, ROXANNE N.,
Address: 4413 OLD EAGLE LAKE RD.
City-St-Zip: BARTOW, FL

Title: V () Delete
Name: SHELDON C. MCVAY,
Address: 4413 OLD EAGLE LAKE RD.
City-St-Zip: BARTOW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCVAY, BRUCE G.,
Address: 4413 OLD EAGLE LAKE RD.
City-St-Zip: BARTOW, FL 33830 US

Title: D (X) Change () Addition
Name: MCVAY, ROXANNE N.,
Address: 4413 OLD EAGLE LAKE RD.
City-St-Zip: BARTOW, FL 33830 US

Title: V (X) Change () Addition
Name: SHELDON C. MCVAY,
Address: 4413 OLD EAGLE LAKE RD.
City-St-Zip: BARTOW, FL 33830 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELDON MCVAY

V.P.

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date