# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000109260

Entity Name: VENCON CORP.

## FILED May 01, 2008 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

 1053 US 41 BYPASS S.
 720 N. INDIANA AVE

 VENICE, FL 34285
 ENGLEWOOD, FL 34223

Current Mailing Address: New Mailing Address:

 1053 US 41 BYPASS S.
 720 N. INDIANA AVE

 VENICE, FL 34285
 ENGLEWOOD, FL 34223

FEI Number: 65-1153714 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAOLILLO, MARK W
1053 US 41 BYPASS S.
VENICE, FL 34285 US
PAOLILLO, MARK W
720 N. INDIANA AVE
ENGLEWOOD, FL 34223 US

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: MARK W PAOLILLO 05/01/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

### **OFFICERS AND DIRECTORS:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD( ) DeleteTitle:PD(X) Change ( ) AdditionName:PAOLILLO, MARK WName:PAOLILLO, MARK WAddress:1053 US 41 BYPASS S.Address:720 N. INDIANA AVE

Address: 103 0S 41 BYPASS S. Address: 720 N. INDIANA AVE
City-St-Zip: VENICE, FL 34285 City-St-Zip: ENGLEWOOD, FL 34223

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: REYNOLDS, PAUL REYNOLDS, PAUL

 Address:
 1053 US 41 BYPASS S
 Address:
 720 N. INDIANA AVE

 City-St-Zip:
 VENICE, FL 34285
 City-St-Zip:
 ENGLEWOOD, FL 34223

Title: D () Delete Title: D (X) Change () Addition

 Name:
 FELIX, MICHAEL
 Name:
 FELIX, MICHAEL

 Address:
 1053 US 41 BYPASS S
 Address:
 720 N. INDIANA AVE

 City-St-Zip:
 VENICE, FL 34285
 City-St-Zip:
 ENGLEWOOD, FL 34223

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BEACH, TIM
 Name:
 BEACH, TIM

 Address:
 1053 US 41 BYPASS S.
 Address:
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 City-St-Zip:
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Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 DESJURDUIS, DALE
 Name:
 DESJARDINS, DALE

 Address:
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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: MARK PAOLILLO PD 05/01/2008